



CITY OF CLAWSON

APPLICATION FOR COIN OPERATED AMUSEMENT DEVICE LICENSE

I/We hereby make application as an: Exhibitor Distributor
I/We hereby apply for a: Renewal New License

FEE: Exhibitor \$ _____ Distributor \$ _____

In accordance with said ordinance I/we submit the following information and facts:

Kind of Business: _____

Name of Business: _____

Location or Address: _____

Name of Owner: _____ DL#: _____

Phone Number: _____

(If Firm or Corporation, give names of Officers)

Address of Owner (or Officers): _____

Have you ever been arrested or convicted of a Felony or Misdemeanor excluding Traffic Violations? If yes, explain below: Yes No

Number of Machine(s): _____

(Coin-Op Gaming Devices: \$100 per machine and Juke Box: \$50 per machine)

Please provide information for each coin-operated amusement device below:

Game	Serial #

Applicant Signature: _____ **Date:** _____

STATE OF MICHIGAN)
) ss
COUNTY OF OAKLAND)

_____ being duly sworn, deposes and says that
_____ has read the foregoing application and that the information contained herein
is true and correct.

Sworn to and subscribed to me, a Notary Public in and for the County of _____,
State of Michigan, this _____ day of _____, 20_____.

Notary Public: _____

My Commission Expires: _____

OFFICE USE ONLY

Approved by City Council: Yes / No on _____

License No. _____ Date Issued: _____

	Approved	Not Approved	Signature
Chief of Police			
Fire Marshal			
Health Officer			
Building Inspector			