

**APPLICATION – OPERATE ARCADE**

1. Name of Licensee/Operator \_\_\_\_\_  
State whether an individual, partnership or corporation

2. Address of Licensee/Operator \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

4. Name of Business \_\_\_\_\_

5. Address of Business \_\_\_\_\_

6. If partnership or Corporation, give names & addresses and percentage of interest:

Name \_\_\_\_\_ Address \_\_\_\_\_ % \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ % \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ % \_\_\_\_\_ Date of Birth \_\_\_\_\_

7. Number of Amusement Devices & Fee:

(1) \_\_\_\_\_  
5 thru 15 machines  
\$400.00 yearly  
\$200.00 ½ year

(2) \_\_\_\_\_  
16 machines or more  
\$400.00 plus \$15.00 ea. machine  
over 15 machines

(3) \_\_\_\_\_  
Prorated ½ year equals  
\$200.00 plus \$7.50 ea.  
machine over 15

8. Have you ever been licensed to operate an Arcade? \_\_\_\_\_

9. Has such license ever been revoked? \_\_\_\_\_

10. Complete listing of all devices stating name, model, and serial no. of each must be submitted to the License Bureau before a license to operate an Arcade can be issued.

I agree, if a license is issued to me, to fully comply with all provisions of TMC Chapter 737. I hereby certify that I have not been convicted of a felony, a misdemeanor involving moral turpitude, or any gambling convictions within five (5) years next preceding the date of the application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensee

**Statement of Owner of Amusement Device**

1. Name of Owner \_\_\_\_\_

2. Address of Owner \_\_\_\_\_

3. List names and addresses of all persons having interest in ownership of Amusement Devices and percentage of interest on reverse side if this application.

I hereby certify that I have not been convicted of a felony, a misdemeanor involving moral turpitude, or any gambling conviction or convictions within five (5) years next preceding the date of the application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

1. \_\_\_\_\_  
Health Department

2. \_\_\_\_\_  
Inspection Department  
Conforms with local zoning

3. \_\_\_\_\_  
Fire Prevention

4. \_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Approved

5. \_\_\_\_\_

\_\_\_\_\_  
Disapproved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_