

CITY OF AUGUSTA

APPLICATION FOR COIN OPERATED AMUSEMENT DEVICE LICENSE

Please print clearly or type:

1. Name of Applicant: _____ Date of Birth: _____

2. Company Name: _____

3. Company Address: _____

City/Town State Zip Code

4. Local Address: _____

City/Town State Zip Code

5. Telephone: _____

Day Evening/Weekend

6. Email: _____

7. Location of Records: _____

8. Business Structure: _____ Proprietorship _____ Partnership _____ Corporation

Proprietors, Partners, or Directors:

Name & Title Address Telephone

Name & Title Address Telephone

Name & Title Address Telephone

9. Maximum number of machines premises will allow: _____

10. Number of machines to be located on premise at time of issuance of license: _____

NOTE: By signing this application, I hereby affirm that I have truthfully answered all questions contained herein, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject me to such other penalties as are provided by law.

Signature of Applicant: _____ Date: _____

Office use only: Received in Clerk's Office by: _____ Date: _____

Licensing Board: Police: _____ CEO: _____ Date: _____ Approved / Denied

Fee Paid: _____ Cash / CC / Check # _____ License Number: # _____ Expires: _____

In accordance with Order #273 passed by the Augusta City Council November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the city Council at the time such application is considered.

Date: _____

Name: _____

Address: _____

Type of License Requested: _____

Check here if no outstanding taxes or accounts with the City _____

	Real Estate Taxes	Personal Tax
Present Year (Past Due)	_____	_____
Prior Years Total (List Years) _____	_____	_____
_____	_____	_____
_____	_____	_____
Accounts Receivables Date _____	_____	_____
Other	_____	_____
TOTAL:	_____	_____

Signature of Applicant

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

REV dd/mm Verified _____ Date _____
City Treasurer/Tax Collector