



**Coin Operated Amusement Device  
Annual Renewal Application**

**Licenses Valid July 1 – June 30 Annually**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

DL State & ID #: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Location of Devices (Business):

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Do you own the premises where the machines are located? \_\_\_\_\_ If no, do you have a valid lease with the property owner for the term of this license? \_\_\_\_\_

Are you the sole owner of the business? \_\_\_\_\_ If no, a separate application will need to be completed for each owner.

Have you ever been convicted of a felony which would disqualify you to receive this license? \_\_\_\_\_

Have you ever held a license for coin-operated amusement devices with the County of Macoupin that was revoked for any reason? \_\_\_\_\_

Please complete the attached schedule of devices, including for each device a description of the device's operation, as well as the device's serial or identification number.

I, the undersigned, represent that I am authorized by \_\_\_\_\_  
business to complete this application, and further swear and affirm that all information contained herein is true and correct. I understand that falsification of any information on this form shall constitute justification for the County to refuse to issue, denial renewal of, or revoke a license issued in reliance on this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

List of Coin Operated Amusement Devices

| ID or Serial # | Device Description | \$25 per Device |
|----------------|--------------------|-----------------|
|                |                    | \$              |
|                |                    | \$              |
|                |                    | \$              |
|                |                    | \$              |
|                |                    | \$              |
|                |                    | \$              |
|                |                    | \$              |
|                |                    | \$              |
|                | <b>Total:</b>      | \$              |