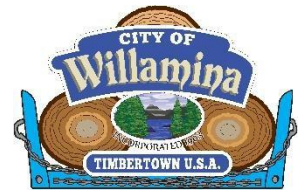


For Office Use: Reviewed by: _____ Date: _____

Approved by: _____ Date: _____



BUSINESS LICENSE APPLICATION



BUSINESS NAME: _____

PHONE: _____

BUSINESS PHYSICAL ADDRESS: _____

BUSINESS MAILING ADDRESS: _____ CITY _____ ST _____ ZIP _____

TYPE OF BUSINESS: _____

OWNER(S) NAME: _____ NO OF EMPLOYEES: _____

CONTACT PERSON: _____ PHONE #: _____

EMAIL: _____

IS THIS BUSINESS CONDUCTED OUT OF YOUR HOME? YES NO

Please give a brief description of your business (Include services, sales etc...)

Please list all types of Amusement Devices (If any):

Number of Devices: Video Games _____ Pool Tables _____ Other _____

For Office Use Only:

Fee Paid _____ Date Paid _____ Receipt # _____ License # Issued _____

Type of License Issued Yearly Daily Date Daily License Issued for _____

*** YEARLY BUSINESS LICENSES ARE VALID FROM APRIL 1 THROUGH MARCH 31**