

GAME ROOM LICENSE APPLICATION

NAME & ADDRESS OF GAME ROOM _____

NAME OF OWNER _____

ADDRESS OF OWNER _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NAME OF OPERATOR OR LEASEE _____

ADDRESS _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NUMBER OF MACHINES _____

APPLICATION FEE \$100.00 – nonrefundable (if approved, applied to fee)

* Fees are \$200 for machines 1 – 5; over 5, \$40 per machine

DATE _____

SIGNATURE OF APPLICANT

BUILDING DEPARTMENT:

*NUMBER OF MACHINES _____

APPROVED DISAPPROVED

CAPACITY _____

SIGNATURE TITLE

POLICE DEPARTMENT:

*NUMBER OF MACHINES _____

APPROVED DISAPPROVED

APPROVED DISAPPROVED

CAPACITY _____

JEFFERY ZEPLOWITZ TOWN CLERK

SIGNATURE TITLE

TOTAL FEE _____