



## Business Information

### Location of activity and devices

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

Business Address / Telephone: \_\_\_\_\_

Business hours of operation: \_\_\_\_\_ Desired Inspection time: \_\_\_\_\_  
Not allowed between 1:00 AM and 8:00 AM MUST be within 9:00 AM and 5:00 PM

Location / Address of activity or devices: \_\_\_\_\_

Type:  Individual  Partnership  Corporation  Foreign Corporation  Firm  Association

**Note:** Applicant must provide a certificate from the city treasurer indicating that all personal property taxes levied and assessed against the applicant have been paid in full.

**Note:** Applicant must provide and attach a scale diagram of the floor plan of the establishment showing the proposed permanent location of each mechanical or electronic amusement device including electrical outlets, aisle ways, doorways, and means of ingress and egress.

### If Business is an Individual:

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Telephone: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Email: \_\_\_\_\_

### If Business is a Partnership: Partner "A"

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Telephone: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Email: \_\_\_\_\_

### If Business is a Partnership: Partner "B" Attach additional sheets as required

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Telephone: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Email: \_\_\_\_\_

***If Business is a Corporation:***

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

Business Address: \_\_\_\_\_  
Street Address City State ZIP

Date and State whose laws organized the Corporation: \_\_\_\_\_

***Must list name, address, title of each Corporate Officer. Attach additional sheets as required.***

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

***If Business is a Foreign Corporation:***

**Authorized to conduct business in Michigan:**  Yes  No (must checkmark one box)

Name of Principal Officer / Director: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Business Address: \_\_\_\_\_  
Street Address City State ZIP

***Criminal Conviction(s) Statement - Required***

**Has any person having an interest in this business been convicted of a crime:**  Yes  No

**Has the applicant or any person having an interest in this business ever been convicted of any crime involving a controlled substance, alcohol, minors, gambling, receiving and concealing stolen property, or any offense involving moral turpitude?**

Yes  No

If yes to either question, describe. Attach additional sheets to describe each individual / each conviction.

---

---

**Add \$21 per person to the fees described below (for the background check).**

**Sec. 46-1. - Master fee schedule established. (5)**

**Annual fee** (including the initial inspection fee) (section 14-248(a)):

Number of devices: <b>1 - 4</b>	Number of devices: <b>5 - 25</b>	Number of devices: <b>26 - 50</b>
Initial application fee \$160.00	Initial application fee \$268.00	Initial application fee \$321.00
Renewal application fee \$80.00	Renewal application fee \$107.00	Renewal application fee \$160.00
Plus per device \$27.00	Plus per device \$27.00	Plus per device \$27.00

---

Number of devices: <b>51 - 75</b>	Number of devices: <b>76 - 100</b>	Number of devices: <b>Over 100</b>
Initial application fee \$375.00	Initial application fee \$428.00	Initial application fee \$535.00
Renewal application fee \$215.00	Renewal application fee \$268.00	Renewal application fee \$321.00
Plus per device \$27.00	Plus per device \$27.00	Plus per device \$27.00

**Only if an Original license, the first year fee for devices only (not the application fee) will be reduced on a percentage basis as described below (section 14-248(b)):**

Date of Issuance:

July 1 - September 30:	100% of device fee required
October 1 - December 31:	75% of device fee required
January 1 - March 31:	50% of device fee required
April 1 - June 30:	25% of device fee required

**Re-inspection fee is \$80.00** for all re-inspections required under the Code (section 14-249, and all Code sections).

**Office Use Only**

Treasurer's Certificate received  Yes  No (if no, deny permit) Date: \_\_\_\_\_

Floor Plan received  Yes  No (if no, deny permit) Date: \_\_\_\_\_

**Required:** Building Department investigation:  Approved  Denied Date: \_\_\_\_\_

**Required:** Fire Department investigation:  Approved  Denied Date: \_\_\_\_\_

**Required:** Police Department investigation:  Approved  Denied Date: \_\_\_\_\_

Other Department: \_\_\_\_\_  Approved  Denied  N/A Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office of City Clerk:  Approved  Denied \_\_\_\_\_  
Signature Date

License number: \_\_\_\_\_ Date issued: \_\_\_\_\_ Expiration: June 30, \_\_\_\_\_