CITY OF BAY CITY, MICHIGAN

AMUSEMENT DEVICE LICENSE APPLICATION
(OPERATOR)
License Year _____

Applicant's Name _____ Birthdate _____

Home Address _____
_____

Business Name _____
Business Address _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

If Corporation, Company, or Partnership, list names of all owners or officers:

Name:	Address:	Birthdate:
_____	_____	
_____	_____	

List dates of any previous license issued by Bay City to the applicant for the same activity: _____

Have you ever had a license refused or revoked for the same activity? _____
If yes, please explain_____

Have you ever been convicted of a felony or misdemeanor? _____
If yes, please explain _____

The applicant agrees to comply with all the Ordinances of the City of Bay City, Michigan, and especially the Ordinances regulating Amusement and Music Devices and the General License Ordinance, and that such License is subject to revocation or suspension as therein provided.

_____
Signature

STATE OF MICHIGAN)
) SS.
COUNTY OF BAY)

On the _____ day of _____, _____ personally appeared before me _____who being duly sworn, deposes and says that he/she is the above named applicant, that he/she signed the above application and that the statements are true to his /her best knowledge and belief.

_____
Notary Public, _____ County, Michigan
My Commission expires: _____

New License:

License Fee	$175.00
_____Machines@$15/ea.	_____
TOTAL	_____

Renewal License:

License Fee	$175.00
_____Machines@ $15/ea.	_____
TOTAL	_____

NO COMMISSION ACTION REQUIRED

THE ATTACHED MACHINE LIST MUST BE COMPLETED AND RETURNED WITH NOTARIZED APPLICATION (FOR NEW LICENSE OR RENEWAL LICENSE).

LICENSE NO. _____
TAG NO. _____
ISSUED _____

RECORD OF AMUSEMENT DEVICE MACHINES

DATE	NAME OF DEVICE	SERIAL NO.	LOCATION OF DEVICE