



CITY OF BAY CITY, MICHIGAN

MUSIC 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: _____ Age: _____

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, that the statements are true to his/her best knowledge and belief.

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

New License:

License Fee \$80.00
_____Machines@\$15/ea. _____
TOTAL _____

Renewal License:

License Fee \$80.00
_____Machines@ \$15/ea. _____
TOTAL _____

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

LICENSE NO. _____
TAG NO. _____
ISSUED _____

