

**CITY OF NORTH OLMSTED
DEPARTMENT OF PUBLIC SAFETY
5200 Dover Center Road
North Olmsted, OH 44070
440/777-8000**

<p>GAME ROOM / AMUSEMENT ARCADE APPLICATION FOR LICENSE (Per Chapter 751 of the Codified Ordinances)</p>

OPERATOR INFORMATION

Operator's Name: _____

Permanent Address: _____

Date of Birth _____ SSN or Federal ID # _____

LOCATION OF OPERATION

Address: _____ Telephone # _____

Business Conducted Therein: _____

OWNER(S) OF PREMISES

Primary Owner's Name: _____ Telephone # _____

Business Address: _____

NAME OF OWNER(S) OF BUSINESS CONDUCTED THEREIN:

Name: _____

Address: _____ Telephone # _____

Business Conducted Therein: _____

NAME OF OWNER(S) OF MACHINES IF DIFFERENT FROM APPLICANT:

Name: _____

Address: _____ Telephone # _____

**CITY OF NORTH OLMSTED
GAME ROOM / AMUSEMENT ARCADE**

**DESCRIPTION OF EQUIPMENT COVERED BY LICENSE
(Copy as needed for additional equipment)**

- (1) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (2) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (3) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (4) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (5) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (6) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (7) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (8) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (9) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (10) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (11) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (12) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____
- (13) Machine Name: _____
Name of Manufacturer: _____
Serial Number: _____

CONVICTION STATEMENT

Has the Applicant and/or the Owner of the Business been convicted of a felony or for the sale or conviction of a drug offense in the last ten (10) years prior to the date of application? Yes_____ No_____

If yes, provide details of what and when _____

The applicant acknowledges that he/she has read and understands the requirements of Chapter 751 of the Codified Ordinances. Yes_____ No_____

Applicant's Name (please print)_____

Signature of Applicant_____ Date _____

FOR OFFICE USE ONLY

APPROVED BY:_____ DATE:_____

LICENSE ISSUED ON:_____

DATE LICENSE FEE & DESCRIPTION OF EQUIPMENT WAS RECEIVED:_____