

**City of Troy
 City Clerk's Office
 500 West Big Beaver
 Troy, Michigan 48084
 (248) 524-3331**



(Send Application & Remittance to Above Address)

APPLICATION FOR ARCADE LICENSE - AMUSEMENT

Date _____

Name of Troy Business (Applicant) _____

Address _____ Troy, Michigan Zip _____

Name of Contact Company _____

Address _____

City/State/Zip _____ Phone _____

Business Type _____ Zoning District _____

Manager/Operator _____ Date of Birth _____

Home Address _____ Home Phone _____

City/State/Zip _____ Length of Residence in Michigan _____

Residences for Past 10 Years:

Dates _____ Address/City/State/Zip _____

_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been convicted of a crime? _____ If yes, state when and where _____

Emergency Contact Person: _____	Phone #: _____
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REFERENCES: Five (5) required (list below in addition to Attachment #1 on reverse)

	Names	Address/City/State/Zip	Phone
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

I hereby certify that the above statements are true. _____

Signature

ALL ATTACHMENTS LISTED ON REVERSE SIDE MUST BE INCLUDED FOR EVERY RENEWAL

SEE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INSTRUCTIONS

ATTACHMENTS:

- 1 Five (5) written references for the Manager/Operator
- 2 A **SCALE** drawing of the premise on which the business is conducted, showing the location of each coin-operated amusement device, exit, public restroom, drinking fountain and useable floor area.
- 3 A complete list of **ALL** devices placed on the premise, including type (video, pinball, pool table, etc.) and the Name and Address of the owner(s) of the devices.

PARTNERSHIP/CORPORATION APPLICATION INSTRUCTIONS:

If the applicant is a partnership, each active partner shall join in the application for the license, and shall furnish the information and recommendations required of an individual applicant.

If the applicant is a corporation authorized to do business in this State, the agent of the corporation who will have principal charge of the premises established shall make the application, and the application shall contain all of the facts and recommendations required in the case of an individual. The license issued to a corporation is revocable upon a change in the agent managing the premise, and a new license may be required by the City Council of the City of Troy before a new agent may take charge of the premise.

License Information:		FEE OWED
Application Fee (includes 1st Device): \$100.00 2 to 5 Devices = \$100 per device	More than 5 devices = \$50.00 per device	
Total Due:		

FOR CLERK'S OFFICE USE ONLY				
DATE RECEIVED _____				
DATE ROUTED TO DEPARTMENTS FOR INSPECTIONS _____				
Department	Approved	Disapproved	Signature	Date
Police				
Fire				
Treasurer				
Building				
Date Licensed Issued by City Clerk's Office				