CITY OF MT. CARMEL COIN OPERATED AMUSEMENT DEVICE LICENSE APPLICATION

Quantity $75 license Sought : _____ Total Fee Submitted: $_____

Quantity $10 License Sought : _____ Check No. : _____

Please complete ALL sections below.

SECTION I. APPLICANT INFORMATION

[Type or Print legibly]

Applicant Name:

Street #	Direction	Street Name	Suite/Apt #

City	State	ZIP Code + 4	(Area Code) Telephone #

Fax #	E-Mail Address (If Available)

For Office Use Only

Date App Rec'd

Date Proc'd

Initials

FEE

Check #

SECTION II. BUSINESS NAME MAILING ADDRESS AND TELEPHONE NUMBER

Business Name:

Street #	Direction	Street Name	City	State	(Area Code) Telephone #

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership: ☐ Individual ☐ LLC ☐ Corp. - State Inc.#_____ ☐ Partnership ☐ Ltd. Partnership ☐ Other _____

It is the policy ot the City of Mt. Carmel to request this information for tax collection purposes.
Your Social Security Number will not be released to unauthorized persons

Owners, Partners, LLC Members, or Officers

(For Additional Names, Please Attach List)

Name	Title	Driver's License #
Home Address		*Social Security #
City	State / ZIP Code + 4	(Area Code) Telephone #
Name	Title	Driver's License #
Home Address		*Social Security #
City	State / ZIP Code + 4	(Area Code) Telephone #
Name		
Address		(Area Code) Telephone #
City	State / ZIP Code + 4	

*

Approved ☐

Denied ☐

LIC #

$75 license No.s:

_____ thru_____:

$10 license No.s:

_____ thru_____:

SECTION IV. MACHINE LOCATIONS

Identification No.	Type : ($75 / $10)	MACHINE CURRENT LOCATION ADDRESS	BUSINESS NAME

_____ _____

Applicant Signature Date

over

Identification No.	Type : ($75 / $10)	MACHINE CURRENT LOCATION ADDRESS	BUSINESS NAME

INSTRUCTIONS FOR COMPLETING APPLICATION

Section I: Applicant Information

This section is for the Name Address of person applying for the Coin Operated Amusement Device License:

Section II: Business Name Address And Telephone Number

This section is for the name and address of the Business that is applying for Device License:

Section III. Business Ownership And Record Location

Ownership

Please indicate the type of ownership. If you mark "other" please describe. All corporations must provide: State in which incorporated, State Incorporation #, officers' names and addresses **(at least 2)** and **statutory agent information**. A Limited Liability Corporation (LLC) must have at least 1 member. General partnerships must provide the name of the general partner(s).

Owners/Partners/LLC Members Or Officers

List complete owner/officer/partner information as requested. Include names and titles. P.O. Box is not acceptable for home address

Section IV: MACHINE LOCATIONS

Identification No.: Provide ID number of machine

Machine Type: Provide type license ($10 or $75)

Machine Current Location Address: Address of Machine location

Attach a separate sheet for machine location information if more machines than space available.