

CITY OF GALLIPOLIS, OHIO

APPLICATION FOR LICENSE TO MAINTAIN OR OPERATE A MECHANICAL AMUSEMENT DEVICE

An application is hereby made by the undersigned for a license to maintain or operate mechanical amusement devices.

1. Name of Owner-Operator _____
2. Address _____

3. Telephone _____
4. Location where amusement device is operated

5. Name of the Owner of the Business where device is located

6. Has Owner or Operator been convicted of violating a gambling statute or ordinance?
Yes _____ No _____

I agree, if a license is issued to me to fully comply with all provisions of Chapter 729.01 License Fee 729.03 of the City of Gallipolis Codified Ordinances.

I also understand that if I violate any terms and conditions of this ordinance, the City Manager may revoke this license after having heard the alleged violations of such rules.

I further agree that if a license is issued to me on this application it only covers the use in the above located place of business.

Signature of Licensee

Date

Number of Machines _____ X \$100.00 per machine = _____

Arcade _____ X \$800.00 = _____

Payment Received: Date _____ Receipt No. _____ License No. _____
City of Gallipolis