

CITY OF MILLVILLE

ARCADES AND AMUSEMENT PARLORS

Amusement Parlor: A room in a building open to the public containing various devices for coin or token operated amusement devices, computer games, video games or music devices. Arcade: A building or the entire floor of a building open to the public containing various devices for entertainment such as coin or token operated amusement devices, computer games, video games or music devices.

LICENSE APPLICATION (Article 4 – Chapter 33)

(Any commercial establishment with more than four (4) tables of the type described herein must be licensed and regulated under Chapter 33 – Article 4.

\$10.00 Application Fee Due Payable at Time of Application

\$50.00 Per Year for Each Machine.

The Annual License Shall Run from January 1st to December 31st Of Each Year

DATE OF APPLICATION: _____ APPLICATION FEE PAID: \$ _____

BUSINESS INFORMATION:

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

No Person Who Has Been Convicted of a Criminal Offense Shall Be Eligible to Receive a License Under Chapter 33-Article 15. No Person so Convicted Shall Be Employed By a Licensee

OWNER INFORMATION:

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ DL#: _____ SS#: ____-____-____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

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GENERAL PARTNER INFORMATION:

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ DL#: _____ SS#: ____-____-____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

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When School Is In Session: No person under the age of 16 years shall be permitted to remain on the premises on school days during the hours when school is in session. A notice to that effect shall be prominently posted on the premises at all times.

MANAGER INFORMATION

(Person who will be operating the business at abovementioned premises)

NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

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EMPLOYEE INFORMATION

1) NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

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2) NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

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3) NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

D.O.B: ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

No Person Who Has Been Convicted of a Criminal Offense Shall Be Eligible to Receive a License Under Chapter 33-Article 15. No Person so Convicted Shall Be Employed By a Licensee

4) NAME: _____ PHONE#: _____

ADDRESS: _____
Street Number Street Name

PO No. _____ City _____ State _____ Zip _____ County _____

D.O.B: ____/____/____ DL#: _____ SS#: ____ - ____ - ____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

NUMBER OF MACHINES TO BE PLACED ON PREMISES: _____

No Obstruction of View: All Such Devices Shall at all Times be Located in Plain View of any Person Inspecting or Visiting the Licensed Premises. During the Hours of Operation the Licensed Premises Shall Be Open at All Times

BUSINESS HOURS: _____
Shall not begin before 8:00 am or after 11:00 pm on Weekdays and Saturdays & 1:00 pm – 11:00 pm on Sundays

HAS THE APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

YES: NO:

IF YES, PLEASE INDICATE:

<u>NAME</u>	<u>NATURE OF OFFENSE</u>	<u>DATE OF OFFENSE</u>	<u>PLACE OF CONVICTION</u>

EACH APPLICANT AND EMPLOYEE SHALL CONTACT THE MILLVILLE POLICE DEPARTMENT AND ARRANGE TO BE FINGERPRINTED AND THE PRINTS SHALL BE SUBMITTED TO FEDERAL AND STATE AUTHORITIES FOR COMPARISON AND CRIMINAL RECORD INVESTIGATION. IN THE CASE OF PARTNERSHIPS AND CORPORATIONS THOSE PERSONS WHO ARE REQUIRED TO PROVIDE INFORMATION FOR THE APPLICATION SHALL SUBMIT TO FINGERPRINTING. CONTACT THE MILLVILLE TRAFFIC SAFETY BUREAU @ 856-825-7010

SIGNATURE OF APPLICANT: _____
Signature Date

OFFICE USE ONLY

CHIEF OF POLICE:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

CONSTRUCTION OFFICIAL:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Fire Inspector _____
Signature Date

A brief explanation, if license was denied: _____

ZONING OFFICER:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Zoning Officer _____
Signature Date

A brief explanation, if license was denied: _____

CITY CLERK'S OFFICE:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Robert Conner _____
Signature Date

A brief explanation, if license was denied: _____

