



CITY OF MANCHESTER
 912 CITY ROAD
 MANCHESTER, MI 48158
 (734) 428-7877 FAX: (734) 428-1877

**APPLICATION FOR COIN-OPERATED
 AMUSEMENT LICENSE**

Application Date: _____

APPLICANT IDENTIFICATION:

Owner Name: _____ DOB: _____ DLN: _____

Address: _____ Telephone: _____

Manager Name: _____ DOB: _____ DLN: _____

Address: _____ Telephone: _____

ESTABLISHMENT IDENTIFICATION:

Business Address of Establishment: _____

Telephone: _____

Legal Description of Establishment: _____

Number of Devices	Types of Devices	Locations of Devices
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Criminal Record of Owner and Manager: _____

APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge.

Applicant's Signature: _____

Date: _____

For Office Use Only:

Fee Paid: _____ Date: _____ Received by: _____

INVESTIGATION OF APPLICANT:

Fire Chief Signature: _____ Date: _____

Approved Denied

Findings: _____

Building Inspector Signature: _____ Date: _____

Approved Denied

Findings: _____

Electrical Inspector Signature: _____ Date: _____

Approved Denied

Findings: _____

Police Chief Signature: _____ Date: _____

Approved Denied

Findings: _____

License: Granted Denied Date: _____

Reason: _____

Clerk's Signature: _____

If Denied: Applicant will go before Council on _____ Date: _____

Council's Decision: _____