

CITY OF AUGUSTA

\$35 Per Machine

APPLICATION FOR COIN OPERATED AMUSEMENT DEVICE LICENSE

Please print clearly or type:

1. Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

3. Company Address: \_\_\_\_\_

City/Town

State

Zip Code

4. Telephone: \_\_\_\_\_ Email \_\_\_\_\_  
Day Evening/Weekend

5. Location of Records: \_\_\_\_\_

6. Business Structure: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Proprietors, Partners, or Directors:

Name & Title Address Telephone

Name & Title Address Telephone

Name & Title Address Telephone

7. Maximum number of machines premises will allow (business will supply information): \_\_\_\_\_

8. Number of machines to be located on premise at time of issuance of license (\$35 per machine): \_\_\_\_\_

9. Location of machines: \_\_\_\_\_

10. Business name where machines operate: \_\_\_\_\_

**NOTE:** By signing this application, I hereby affirm that I have truthfully answered all questions contained herein, in full recognition of the fact that a false statement will be grounds for revocation of the permit and will subject me to such other penalties as are provided by law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office use only:</b>	Received in Clerk's Office by: _____	Date: _____
Licensing Board:	Police: _____ CEO: _____	Date: _____ Approved / Denied
Fee Paid: _____	Cash / CC / Check # _____	License Number: # _____ Expires: _____

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**CITY OF AUGUSTA, MAINE**

In accordance with Order #273 passed by the Augusta City Council November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the city Council at the time such application is considered.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of License Requested: \_\_\_\_\_

Check here if no outstanding taxes or accounts with the City \_\_\_\_\_

	Real Estate Taxes	Personal Tax
Present Year (Past Due)	_____	_____
Prior Years Total (List Years) _____	_____	_____
_____	_____	_____
_____	_____	_____
Accounts Receivables Date _____	_____	_____
Other	_____	_____
<b>TOTAL:</b>	_____	_____

\_\_\_\_\_  
Signature of Applicant

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

\_\_\_\_\_  
\_\_\_\_\_

Verified: \_\_\_\_\_  
City Treasurer/Tax Collector

Date: \_\_\_\_\_