

APPLICATION: COIN OPERATED MECHANICAL AMUSEMENT DEVICE
OWNER/MANAGERS

Name of Business: _____

Address: _____ Phone: _____

Owner/Manager: _____

Address: _____

Phone: _____ Birthdate: _____

Distributor: _____ Phone: _____

NUMBER OF MACHINES TO BE PLACE ON PREMISES: _____

OWNER: The Owner/Manager of a place of business (i.e. grocery store, arcade, gas station, liquor establishment etc.) in which mechanical amusement devices will be located. However, it is your Distributor's responsibility for purchasing metal tags for said machines from the City Clerk's Office.

INSTRUCTIONS: Please fill in all spaces that are blank, if they are not filled in this may delay the application processing.

I hereby agree to obey and abide by all provisions of the City Ordinance and all other laws, rules, and regulations applicable to ownership and/or distribution and placement of mechanical amusement devices. In addition, I agree to cooperate with the screening and processing of this application.

Signature: _____ Date: _____

Approved: () Yes () No

Chief's Signature: _____ Date: _____

Return this application to the address below:

Jennifer Sopko
Battle Creek Police Department
20 North Division Street
Battle Creek, MI 49014

If you have any questions, please call 616-966-3368.