



City Clerk's Office
11701 Community Center Dr.
Northglenn, CO 80233
303.450.8755

Amusement Device License Application

Application Fee: \$50.00 (initial application only)
Annual License Fee - 1- 4 devices: \$50.00 per machine
Annual License Fee - 5 or more devices: \$100.00 per machine

Applicant: _____

Individual Corporation Partnership Limited Liability Company Other _____

Applicant Address: _____
Street City State Zip Code

Phone Number: _____ E-Mail: _____

Name of Business Where Machines are Located: _____

Address: _____
Street City State Zip Code

Business Phone: _____ Email Address: _____

Name of On-Site Manager: _____ Date of Birth: _____

Number of amusement devices to be maintained on premises: _____

Hours of operation: _____

Is there a school located within 500 feet of this proposed location? Yes No

Is there another amusement/arcade center located within 1000 feet of this proposed location? Yes No

I hereby swear or affirm that I am familiar with Chapter 18, Article 11 of the Northglenn Municipal Code regulating the operation of amusement devices within the City of Northglenn, certify that all of the information provided on this application is complete and correct to the best of my knowledge and belief, and understand that a false answer to any of the foregoing can result in the denial or revocation of an amusement device license. I also acknowledge that the license, if granted, will expire in one year and must be renewed annually.

Applicant Signature

Date

STATE OF _____)

COUNTY OF _____)

Sworn to before me this _____ day of _____, 20____, by _____

Notary Public

My Commission Expires: _____

Personal Background Information Form

A personal background information form is required for each applicant, partner, officer, director, manager, and all persons having a ten percent (10%) or more financial interest in the business that is the subject of the amusement device license application or, if the applicant is an entity, having a ten percent (10%) or more financial interest in the entity

Full Name: _____

Address: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ Place of Birth: _____

Title (applicant, partner, officer, director, manager, or shareholder): _____

List all addresses where you have lived for the last five years:

Street Number City, State, Zip Date (from/to)

Street Number City, State, Zip Date (from/to)

Have you ever held a gambling license or owned a Federal Gambling Stamp? Yes No

If yes, explain in detail: _____

Have you ever been convicted of a crime, fined, imprisoned, place on probation, received a suspended sentence or forfeited bail for any offense in criminal or military court, or been convicted of a felony? Yes No

If yes, explain in detail: _____

I understand that a false answer to any of the foregoing can subject the applicant to denial or a license to revocation. I certify that all of the information provided is complete and correct to the best of my knowledge and belief.

Signature _____

Date _____

STATE OF _____)

COUNTY OF _____)

Sworn to before me this _____ day of _____, 20____, by _____

Notary Public _____

My Commission Expires: _____