

OFFICE USE ONLY		LICENSE # _____
\$15/location + \$15/machine: Annual Fee		_____/____ License Yr.
Original	5-1-_____ to 4-30-_____	
Renewal	Not Transferable: Person or Premises	

**CITY OF MOUND**  
**2415 Wilshire Blvd.**  
**Mound, Minnesota 55364**

**AMUSEMENT DEVICE LICENSE APPLICATION**  
(Print or type only)

Mound Business: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Co. Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Officials:

1. \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

2. \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

3. \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

Type of Business: \_\_\_\_\_

Does anyone other than above have a financial interest in the business? \_\_\_\_ (If yes, please list others having a financial interest on back of this application, giving full name, address, telephone number, date of birth and drive's license #.)

Application is hereby requested for: (Hours of Operation: 10:00 A.M. to 12 Midnight)

<u>Number</u>	<u>Item</u>	<u>Fee</u>
	<b>Per Location Fee</b>	<b>\$15.00</b>
_____	Juke Box	\$15.00/each
_____	Others (Describe below)	<u>\$15.00/each</u>
	_____	
	_____	
	_____	
	_____	
	<u>TOTAL DUE:</u>	<u>\$</u> _____

\_\_\_\_\_  
Applicant's Signature

OFFICE USE ONLY		Department Approval/Denial (Submit memo if denied)	
		Approved	Denied
		Police Dept. _____	_____
		Adm. _____	_____

Others with financial interest in the business:

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

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

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

Applicant Date of Birth: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_