

\$100.00 APPLICATION FEE

**+ 5.00 FOR EACH ARCADE UNIT
(PLEASE ATTACH LIST)**

FORT GRATIOT CHARTER TOWNSHIP
COUNTY OF ST. CLAIR, MICHIGAN

APPLICATION FOR LICENSE TO OPERATE AN ARCADE

1. DATE OF APPLICATION: _____, 20____

FOR PERIOD ENDING APRIL 30TH, 20____

2. A. APPLICANT INFORMATION:

B. TYPE OF BUSINESS ORGANIZATION:

SOLE OWNER PARTNERSHIP CORPORATION

C. MICHIGAN DEPARTMENT OF REVENUE BUSINESS TAX NO. _____

3. NAME(S) AND ADDRESS(ES) OF OWNER(S), PARTNER(S), CORPORATE OFFICERS OR THOSE PERSONS FINANCIALLY INTERESTED IN SAID ESTABLISHMENT, IF DIFFERENT OR IN ADDITION TO ABOVE:

NAME	PHONE NUMBER
ADDRESS	CITY STATE ZIP CODE
NAME	PHONE NUMBER
ADDRESS	CITY STATE ZIP CODE
NAME	PHONE NUMBER
ADDRESS	CITY STATE ZIP CODE
NAME	PHONE NUMBER
ADDRESS	CITY STATE ZIP CODE

4. IF A CORPORATION, NAME & CITIZENSHIP OF LOCAL MANAGER OF SAID ESTABLISHMENT:

NAME U.S. CITIZEN YES NO

5. ATTACH APPLICANT'S (MANAGER'S) PROOF OF AGE: (i.e., Driver License / Michigan State ID)

APPLICANT SIGNATURE

DATE

PRINTED NAME