



New ☐ Renewal ☐

License Fee: \$207.00

AMUSEMENT LOCATION LICENSE

Application

Applicant Name

Applicant Contact

Street Address _____ *City* _____, *State* _____ *ZIP Code* _____

Email Address _____ *Phone Number* _____

Business Name

Business Contact

Street Address _____ *City* _____, *State* _____ *ZIP Code* _____

Email Address _____ *Phone Number* _____

Applicant Age

Length of time this business has been in Indianapolis

Legal Status of Business (check box that applies)

Individual Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐

List the state where incorporated or authorized (if corporation).

Registered Agent Name

Registered Agent Address

Street Address _____ *City* _____, *State* _____ *ZIP Code* _____

If a Corporation, list the Principal Office of Corporation.

If a Corporation or Partnership, list the name and address of each corporate officer or partner.

Name _____ *Street Address* _____ *City* _____, *State* _____ *ZIP Code* _____

Name _____ *Street Address* _____ *City* _____, *State* _____ *ZIP Code* _____

Name _____ *Street Address* _____ *City* _____, *State* _____ *ZIP Code* _____

Name _____ *Street Address* _____ *City* _____, *State* _____ *ZIP Code* _____

Has the applicant or any partner or corporate officer for the applicant business ever been denied a license or had a license revoked or suspended?

Yes ☐ No ☐

Has the applicant, partner or any corporate officer of the business ever been arrested or convicted of a felony, misdemeanor or ordinance violation other than a minor traffic charge? If yes, type of conviction and jurisdiction.

Yes ☐ No ☐

Manager's Name _____ **Phone Number** _____

Number of coin operated pool/billiard tables and coin operated machines to be registered with our office _____

NOTE: Businesses with less than five (5) machines will not need to apply for the Amusement Location License.

List the Name, Serial Number, Manufacturer and the name of the owner of each machine

Machine 1

Name _____
Manufacturer _____
Owner _____
Serial Number _____

Machine 2

Name _____
Manufacturer _____
Owner _____
Serial Number _____

Machine 3

Name _____
Manufacturer _____
Owner _____
Serial Number _____

Machine 4

Name _____
Manufacturer _____
Owner _____
Serial Number _____

Machine 5

Name _____
Manufacturer _____
Owner _____
Serial Number _____

Machine 6

Name _____
Manufacturer _____
Owner _____
Serial Number _____

Machine 7

Name _____
Manufacturer _____
Owner _____
Serial Number _____

Please indicate that you agree or disagree by marking yes or no for the following statements.

1. Licensee is in good standing and has not had any license/registration to operate a business revoked/suspended.
Yes ☐ No ☐
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness.
Yes ☐ No ☐
3. The person signing this application has the authority to sign for the business being licensed.
Yes ☐ No ☐
4. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law.
Yes ☐ No ☐
5. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public.
Yes ☐ No ☐
6. Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material.
Yes ☐ No ☐
7. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose.
Yes ☐ No ☐
8. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials.
Yes ☐ No ☐
9. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.
Yes ☐ No ☐
10. Licensee agrees to apply in writing to the Department of Business & Neighborhood Services before changing the location of the business (if permitted by ordinance).
Yes ☐ No ☐
11. Licensee agrees to give the Department of Business & Neighborhood Services written notice once the business ceases to exist.
Yes ☐ No ☐
12. Licensee agrees to give the Department of Business & Neighborhood Services written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs.
Yes ☐ No ☐

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature

Name Printed

Date