



CITY OF NEWARK
Division of Property Maintenance
ELECTRONIC GAMING PARLOR
2012 LICENSE APPLICATION FORM

| OFFICE USE ONLY | |
|--|----------|
| DATE REC'D | INITIALS |
| PMT \$ W/FORM | |
| MONEY ORDER OR CASHIER CHECK ONLY | |

PURSUANT TO ORDINANCE 06-55 ADOPTED 11/20/06, ELECTRONIC GAMING PARLORS LOCATED WITHIN NEWARK CITY ARE REQUIRED TO APPLY FOR ANNUAL LICENSING. SEE ATTACHED CHAPTER 830 GAME ROOMS, BILLIARD ROOMS, AND ELECTRONIC GAMING PARLORS FOR FURTHER INFORMATION REGARDING LICENSING REQUIREMENTS.

BUSINESS OWNER/STATUTORY AGENT INFORMATION

| | | | | |
|-------------------------------|----------------|-------|-----------|--|
| Business Owner Name | Last | First | Middle | Business Owner Telephone () - |
| Business Owner Address | Street Address | City | State Zip | Social Security Number - - |
| Trade Name | | | | Federal Identification Number - |
| Agent/Manager Name | Last | First | Middle | Agent/Manager Telephone () - |

PROPERTY OWNER INFORMATION

| | | | | | |
|-------------------------------|----------------------------|------|-----------|--------|--|
| Rent <input type="checkbox"/> | Property Owner Name | Last | First | Middle | Property Owner Telephone () - |
| Own <input type="checkbox"/> | | | | | |
| Property Owner Address | Street Address | City | State Zip | | |

Business operations are contingent upon dwelling safety conformance per Property Maintenance Code 07-03 adopted 1/17/07.

BUSINESS LOCATION AND CONTACT ADDRESS

| | | | | |
|--|----------------|-----------|-----------|--------------------------------------|
| Electronic Gaming Parlor Business Location | Street Address | City | State Zip | Date Business Began in Newark / / |
| Correspondence Mail Address (Owner address will be used unless specified below) | | | | |
| PO Box or Street Address | City | State Zip | | |

LICENSE APPLICATION

An itemized inventory list showing each machine's serial number, machine owner and a list of games thereon is required.

| | |
|---|--|
| Application is for Yearly Renewal <input type="checkbox"/> First Time Applicant <input type="checkbox"/> Ownership Transfer* <input type="checkbox"/> *Transfers require Safety Director approval | Please indicate if business owner has been convicted of Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Neither <input type="checkbox"/> Violation of State or City Laws with the exception of minor misdemeanor traffic offenses are grounds for refusal to issue license. Ord 830.05 |
|---|--|

CERTIFICATION

I CERTIFY THE ANSWERS PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. BY SIGNING, I AGREE TO A BACKGROUND CHECK AND UNDERSTAND THAT NON-CONFORMITY TO THE RULES AND REGULATIONS AS SET FORTH IN ORDINANCE 06-55 CHAPTER 830 MAY RESULT IN LICENSE REVOCATION AND CRIMINAL CHARGES.

Owner/Statutory Agent Signature

Date