

COIN OPERATED DEVICE LICENSE APPLICATION

NEW RENEWAL TRANSFER

Please Print All Information Date: _____

Business/Club/Firm Name: _____

Business Address: _____

(City) **(State)** **(Zip Code)**

Business Telephone Number: _____

Nature of Business: Indicate the nature of the business, the goods, wares, or merchandise to be sold, or the services to be performed: _____

Applicant's FULL Name: _____

Applicant's Address: _____

Residence Telephone Number: _____

Birthdate: _____ Michigan Driver's License Number: _____

Name and address to which any and all correspondence should be directed:

Email: _____

Device Description – Indicate name, type and serial number of all devices:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(Attach separate sheet, if needed, for additional devices)

I hereby state that I have read the provisions of the applicable Township Ordinance, and I fully understand the terms of same and know that I must comply with it and all other Township Ordinances and State Laws relative to the operation of a business in the Charter Township of Clinton.

FULL Name (Signed): _____

FULL Name (Printed): _____
(First) **(MIDDLE)** **(Last)**

License & Renewal Fees: \$250 – Arcade (6 or more machines)
 \$ 75 - Small Business (5 or less machines)

Make check payable to: Clinton Township

Expiration Date: June 1st of each year

AUTHORIZATION FOR RELEASE OF ALL INFORMATION

TO WHOM IT MAY CONCERN:

You are hereby authorized and requested to furnish and release to the Clinton Township Police Department or their representative any and all information which may be requested relative to me, past or present, and to furnish copies of any and all records which you may have concerning me.

I hereby expressly waive any and all privilege which otherwise might attach to such communication or disclosure.

Photostatic copy of this authorization may be used in place and instead of the original.

Applicant's FULL Name (Signature): _____
(First) (Middle - Please!) (Last)

Applicant's FULL Name (Printed): _____
(First) (Middle - Please!) (Last)

Birthdate: _____

Michigan Driver's License Number: _____

IF MORE THAN ONE APPLICANT, PLEASE COMPLETE THE FOLLOWING FOR THE SECOND APPLICANT:

Applicant's FULL Name (Signature): _____
(First) (Middle - Please!) (Last)

Applicant's FULL Name (Printed): _____
(First) (Middle - Please!) (Last)

Birthdate: _____

Michigan Driver's License Number: _____

Witnessed by: _____

Dated: _____

Return Application, Check and Authorization for Release Form to:

KIM MELTZER, CLERK
Charter Township of Clinton
40700 Romeo Plank Road
Clinton Township, MI 48038