

## OFFICE OF THE CITY CLERK

30 South Nevada Avenue, Suite 101
Post Office Box 1575, Mail Code 110
Colorado Springs, Colorado 80901-1575
(719) 385-5105 Fax:(719) 385-5114

# APPLICATION FOR GAME ROOM/OPERATOR'S/NON-OPERATOR'S LICENSE

		Non-Operat Operators L	n License Fee ors License Fee	\$ 15.00 \$ 250.00 \$ 30.00 \$ 500.00 \$ 15.00						
Game Room: Any business location having 5 or more coin-operated devices where one-half or more of gross sales at said location are from coin-operated devices.										
Operator: Any person owning or controlling 1 or more coin-operated devices which are rented, displayed or otherwise used in a business not under the control of the operator and shall also include any person owning or controlling 3 or more coin-operated devices which are used in his own place of business or business under his control.										
Non-Operator: Any person owning or controlling not more than 2 coin-operated devices which are										
used in his own place of business or place of business under his control.  NUMBER OF MACHINES APPLYING FOR:										
	NUMBER OF	MACHINES A	APPLYING FOR: _							
1.	Name of Applicant: _				(If corporation, list corporate na	me)				
2.	Trade Name (DBA):									
3.	Business Address: Business Phone:									
4.	Mailing Address:	Street	0.1	101 - 1	7'. 0					
		Street	City	/State	Zip Coo	ae				
5.	Type of Business: (0	Check one)	Individual Proprie	torship 🗌	Corporation					
	Partne	ership 🗌	Limited Liability C	ompany 🗌	Association					
A.	Individual: (Also list any names by which you have been known).									
	Name	Birtho	date Ho	me Address	Home Phor	ne				
1.										
2.										
3.										
В.	Partnership or Association: (List any names by which you have been known; all persons involved in the ownership of this business must be provided).									
	Date Partnership commenced:									
	Name	Birtho	date Ho	me Address	Home Phor	ne				
1.										
2.										
3										



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**C.** Corporation or Limited Liability Company: (List any other names by which directors and officers have been known)

	Directors:	Birthdate	Home Address	H	ome Phone		
1.							
2.							
3.							
	Officers:	Birthdate	Home Address	Н	ome Phone		
1.							
2.							
3.							
6.	Registered agent for business who is responsible for the active management, supervision and control of the business (applicable only if other than the applicant(s)).						
Full Na	ame:	Birthdate	SS#				
	Address:						
	Full Name: Birthdate _						
Addres	SS:		_ Relationship to Applicant: _				
7.	offense, fined, imprisoned,	placed on probation, r	ess ever been charged or co eceived a suspended senter sdemeanors or any pending	nce, or forf			
	Yes No If yes, p	rovide the following:					
Name(s) of Offense(s):							
	of Offense(s):						
Place of Offense(s):							
Nature of Offense(s):							
Penalties Imposed:							
8.	Do you currently hold any ot If yes, where?	her business license(s)	)?	Yes 🗌	No 🗌		
9.	Have you ever had a busine	ss license denied susr	pended or revoked?	Yes 🗌	No 🗌		



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### SWORN AFFIRMATION

I hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of a license. I have been furnished with, and am familiar with, the ordinances and regulations pertaining to this application. I further understand that any violation of the laws of the State of Colorado, or the Ordinances of the City of Colorado Springs, Colorado, can result in denial of this application, or suspension/revocation of my license.

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize and consent to the release of information and all known records including criminal convictions, if any, to authorized agents of the Colorado Springs Police Department, City Clerk's Office, and any other department requiring the information for approval of this license. This authorization shall be valid for the duration of my license, and any renewals thereof.

Dated:				
State of Colorado ) ) ss. County of El Paso )	Signature(s) of Applicant			
Subscribed and sworn to before me this	day of	, 20		
My Commission Expires:				
Prior to issuance of a license, required of signatures being affixed on the application application processing. If you are conducted for the Game Room and the Operators livenistration with the Colorado Departm Secretary of State as applicable must be a	on. Please call first to verify office ucting a Game Room business, yo cense per City Code §8-2-301 and nent of Revenue and a copy of	hours and procedures fo u will need to submit fee §8-2-501. A copy of you		
Police Department Special Events Section 705 S. Nevada Ave. (719) 444-7725	Sales Tax 30 S. Nevada Ave., Su (719) 385-5903	ite 203		

GAME/OPER/NONOP 3 Rev 4/16/2009