City of Northville 215 West Main Street Northville, Michigan 48167 (248) 349-1300

Commercial Amusement Device and Arcade Application

The undersigned hereby applies for a license to operate a Commercial Amusement Device under the provisions of City of Northville Ordinance Chapter 6, Division 2.

FEES:		Initial Application \$100 Amended Application \$50 iChat Fee \$10 for each applicant Annual Renewal \$100 (\$200 if lat Annual Fee Per Machine or Dev		
	Addition	al information is required to be submitted	with your application. Please see last page for list.	
Arcade: mear	ns any place	e of business or establishment in which thr	ee or more commercial amusement devices are located	
insertion of a o	coin or toke ent. Specifi se of giving	n or the use of which may be permitted by cally excluded are devices which only furn	r contrivance which may be operate or set in motion upon the the payment of a fee and which provides amusement, informish music (commonly referred to as "jukeboxes"), scales for the providing blood pressure information, pool and billiard tables	nation the
BUSINESS	INFORM	MATION		
FULL NAME C	OF BUSINE	SS	PHONE	
COMPLETE A	DDRESS_			
BUSINESS	OWNER	INFORMATION List the name, address	s, phone and date of birth for each owner of the business:	
1. OWNER NA	AME		PHONE	
ADDRESS				
2. OWNER NA	AME		PHONE	
ADDRESS				
3. OWNER NA	AME		PHONE	
ADDRESS				
		Use back if more space is ne	eeded and follow same format	
APPLICAN	T INFOR	MATION		
NAME OF AP	PLICANT_		PHONE	
RESIDENCE /	ADDRESS_			

<u>ALL PARTIES</u> WILL BE INVESTIGATED BY THE POLICE CHIEF AS TO THE POSSIBLE CRIMINAL RECORD OF THE APPLICANT OR BUSINESS OWNERS. SHOULD IT BE DETERMINED THAT ANY OF SUCH PARTIES HAVE, WITHIN TWO YEARS PRIOR TO THE APPLICATION DATE, BEEN CONVICTED OF ANY MISDEMEANOR INVOLVING MORAL TURPITUDE OR INVOLVING THE OPERATION OF AN ARCADE, OR OF ANY FELONY, SUCH CONVICTION SHALL BE GROUNDS FOR LICENSE DENIAL.

AMUSEMENT DEVICES AND MACHINES List the number and type of machines or devices to be operated ** FEE IS \$25 PER DEVICE

NAME and T	PE OF AMUSEMEN	IT DEVICE						
NUMBER OF	DEVICES	_ Location	for Devices _				-	
NAME and T	PE OF AMUSEMEN	IT DEVICE						
NUMBER OF	DEVICES	_ Location	for Devices	******	******	******	:*	
NAME and T	PE OF AMUSEMEN	IT DEVICE						
NUMBER OF	DEVICES	_ Location	for Devices	******	******	*******	:*	
NAME and T	PE OF AMUSEMEN	IT DEVICE						
NUMBER OF	DEVICES	_ Location	for Devices	*******	******	********	- k	
NAME and TYPE OF AMUSEMENT DEVICE								
NUMBER OF	DEVICES	_ Location	for Devices	******	******	********	*	
NAME and T	PE OF AMUSEMEN	IT DEVICE						
NUMBER OF	DEVICES_	_ Location	for Devices	*******	******	********	- +	
NAME and T	PE OF AMUSEMEN	IT DEVICE						
NUMBER OF	DEVICES_	_ Location	for Devices	*******	******	*******	- k	
NAME and TYPE OF AMUSEMENT DEVICE								
NUMBER OF	DEVICES	_ Location	for Devices	*******	******	*******	k	
NAME and T	PE OF AMUSEMEN	IT DEVICE						
NUMBER OF	DEVICES	_ Location	for Devices _				-	
	If you need addit	ional space, p	lease use the l	back of the applica	tion and follow	v the above format		
FLOOR PL	AN DRAWING F	OR ARCAD	E LICENSE	and HOURS OF	OPERATIO)N		
The drawing must show the floor plan of the arcade, all exits, the proposed location of each commercial amusement device, and its floor space requirement as required under the City's Building Code. Contact the Building Official at 248-349-1300 for Building Code Information.								
☐ Floor Pla	an Drawing is attache	ed to this applic	ation					
Please note that any changes in location of devices must be reported to and approved by the City. The amended application fee will be assessed								
	peration: May not ditional information		een the hours	of 12:00 midnight	and 8:00 a.m	. of any day. See Se	c. 6-83 of	
Mon:	to	Tues:	to	Wed:	to	_		
Thur:	to	Fri:	to	Sat:	to	Sun:	_ to	

PLEASE SUBMIT The following N	MUST be submitted at the time of app	lication.					
☐ Check for appropri☐ Copy of Driver's Li	ation – including signature ate fees in the amount of \$ cense for Applicant cense for <u>EACH</u> Business Owner	(app fee, per machine fee, and iChat fees)					
I hereby state the foregoing informa	ation is true and complete to the b	est of my knowledge.					
Applicant Signature		Date					
	OFFICE USE O	NLY					
BUILDING DEPARTMENT							
the Code of Ordinances	All electrical, pneumatic, and hydraulic connections to each commercial amusement device comply with the Code of Ordinances All building and zoning regulations have been satisfied						
Comments:							
☐ Approved ☐ Not Approved	Inspection Date:						
Building Official	Date						
FIRE DEPARTMENT							
Proposed location of each case of fire All fire regulations have be		ill not interfere with egress from building in					
Comments:							
☐ Approved ☐ Not Approved	Inspection Date:						
Fire Department	Date						
POLICE DEPARTMENT							
☐ Information set forth in the ☐ Criminal record investigation	application was verified as accura	nte					
Comments: :							
☐ Approved ☐ Not Approved							
Police Department	 Date						
CITY CLERK							
License Number:	Date Issued:	Expires:					