



**APPLICATION FOR
MECHANICAL AMUSEMENT DEVICES
(INCLUDING JUKE BOXES, POOL TABLES, ETC.)**
(PER ORDINANCE No. 250)

Permit # _____

Name: _____ Age: _____
 Address: _____ Date of Birth: _____
 _____ Place of Birth (City, State): _____
 Phone #: _____

Business Name: _____ Phone #: _____
 Address (if different): _____
 Describe Nature of Business: _____

Has applicant been convicted of any crime, felony or misdemeanor? Yes No
 If so, describe nature of offense, where it occurred & punishment/penalty: _____

REFERENCES Name: _____ Name: _____
 (at least two): Address: _____ Address: _____

 Phone #: _____ Phone #: _____

The following must be submitted with application:
 (per Ordinance)
 • A photograph taken within the last sixty (60) days
 • A statement from the Board of Health or licensed physician, confirming that applicant is free from infectious, contagious, or communicable diseases, including Tuberculosis

License length requested:
 Annual
 Semi-Annual
 Monthly
 Other

I certify that I will be the individual who will operate the vehicle following approved inspection by the Brownstown Police Department.
(Permits are not transferable to other vehicles and/or drivers without approval of the Clerk. NO EXCEPTIONS.)

I further certify that all of the above statements are true and correct and understand that any misrepresentation can, in itself, be grounds for denial of application or revocation of the permit, if granted. I also understand and agree that this application will be submitted to the Brownstown Police Department for a background investigation.

 APPLICANT

 DATE

rev. 4/08

FOR OFFICE USE ONLY:
 Recent Photo
 Copy of Driver's Lic
 TB Test

 Application Fee
 Cash
 Check # _____

 Meeting of:

 Approved
 Denied

 Letter Done/Mailed
 Permit issued or sent