

TOWN OF GORHAM

APPLICATION FOR A COIN OPERATED AMUSEMENT DEVICE PERMIT

1. Name and address of business where coin operated amusement devices are to be installed

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

2. Nature of business \_\_\_\_\_

3. Number of coin operated amusement devices to be licensed (limit of 8) \_\_\_\_\_

4. Are there rest room facilities available? \_\_\_\_\_  
Is the business located within 500 feet of any school, church, or any area zoned residential under the terms of the Town's Land Use and Development Code? \_\_\_\_\_

5. Name of applicant \_\_\_\_\_

6. Date of birth of applicant \_\_\_\_\_

7. Has the applicant or any appropriate officers ever been convicted of a felony? \_\_\_\_\_ If so please describe the circumstances involved. \_\_\_\_\_

8. Does the applicant hold Coin Operated Amusement Device Permits in other towns? \_\_\_\_\_

If so list towns \_\_\_\_\_

Please attach a nonrefundable \$100 fee per coin operated amusement device. License will expire June 30, \_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

<u>Approved</u>	<u>Not Approved</u>	<u>Signature</u>
_____	_____	Chief of Police _____
_____	_____	Fire Chief _____
_____	_____	Health Officer _____
_____	_____	Code Enforcement Officer _____

Comments \_\_\_\_\_

Public hearing held \_\_\_\_\_

License APPROVED, NOT APPROVED