



Where Georgia comes together.

CITY OF PERRY, GEORGIA
APPLICATION FOR COIN OPERATED AMUSEMENT MACHINE

Post Office Box 2030 - 1211 Washington Street – Perry, Georgia 31069

Office 478-988-2740 Fax 478-988-2748

liz.nelson@perry-ga.gov

Business Name _____ Phone Number _____

Type of Business: _____

Business physical location _____

Business mailing address _____

Street or P O Box City State Zip

Full legal name of applicant _____

(Applicant must provide current legal driver's license)

Applicant date of birth _____ Social Security Number _____

Applicant Contact Information:

Residence Address _____

Street City State Zip

Cell Phone Number _____ Home Phone Number _____

Work Phone Number _____ Email _____

Type of Business Operated at this Location _____

Name and Address of any other Business Owned or Operated by Applicant within the corporate limits of the City of Perry _____

List any other Licenses or Permits from The City of Perry held by the Applicant _____

Name of the Machine Owner (must attach copy of owner's Master License) _____

Physical Address of Owner _____

Mailing Address of Owner _____

Check one: Partnership _____ Corporation _____ LLC _____ Sole Owner _____

Number of Machines (6 max) _____ Number of Security Cameras _____

Do you receive 50% or more of your monthly gross receipts from Amusement Machines _____

All State and municipal licensing requirements for the operation of bona fide coin-operated machines must be met before approval of license. O.C.G.A 48-17-2 and 48-17-9.

****Must attach copy of State License****

Have you ever been arrested, indicted, or convicted for any offense by any State, County, Municipal, or Federal Authority _____

Please list any arrest or convictions _____

After Hours Emergency information for Police Department

Name _____ Phone _____

OATH AND CONSENT

I declare, under penalty of perjury, that this statement has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. I further acknowledge that I have received a copy of Article XIII of the City of Perry and that any false information contained herein shall be grounds for rejection of the application.

The applicant consents that all necessary investigation reports on the applicant and any employees in the applicant's establishment, including but not limited to credit reports and reports from law enforcement agencies, may be obtained by the City and the applicant will be responsible for the costs thereof. Upon request, the applicant shall also obtain these consent forms from each employee who will be employed at the applicant's establishment. The City may require fingerprints and/or photographs of the applicant's employees for the purpose of conducting its investigation.

Signature Title Date

Executed on the _____ date of _____, 201__ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the ____ day of _____, 201__.

Notary public

My commission expires

Number of employees (fill out consent and attach a copy of a photo id for each) _____

Please list name and Date of Birth for all Full and Part Time Employees at this location (Please Print)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____

EMPLOYEE CONSENT AUTHORIZATION

Business Name _____ Phone Number _____

Business Physical address _____
Street or P O Box City State Zip

Employee Name _____ Date of Birth _____

Social Security number _____ Position _____

Have you been convicted of a felony _____

Please list any arrest or convictions _____

(Attach photo identification)

OATH AND CONSENT

I declare, under penalty of perjury, that this statement has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. The applicant consents that all necessary investigation reports, including but not limited to reports from law enforcement agencies, may be obtained by the City for the purpose of furthering the investigation with regards of the **Coin Operated Amusement Machine Application** applied for by the above employer. The employer will be responsible for the costs thereof.

Signature Title Date

Executed on the _____ date of _____, 201__ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the _____ day of _____, 201__.

Notary public

My commission expires

EMPLOYEE CONSENT AUTHORIZATION

Business Name _____ Phone Number _____

Business Physical address _____
Street or P O Box City State Zip

Employee Name _____ Date of Birth _____

Social Security number _____ Position _____

Have you been convicted of a felony _____

Please list any arrest or convictions _____

(Attach photo identification)

OATH AND CONSENT

I declare, under penalty of perjury, that this statement has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. The applicant consents that all necessary investigation reports, including but not limited to reports from law enforcement agencies, may be obtained by the City for the purpose of furthering the investigation with regards of the **Coin Operated Amusement Machine Application** applied for by the above employer. The employer will be responsible for the costs thereof.

Signature Title Date

Executed on the _____ date of _____, 201__ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the _____ day of _____, 201__.

Notary public

My commission expires

EMPLOYEE CONSENT AUTHORIZATION

Business Name _____ Phone Number _____

Business Physical address _____
Street or P O Box City State Zip

Employee Name _____ Date of Birth _____

Social Security number _____ Position _____

Have you been convicted of a felony _____

Please list any arrest or convictions _____

(Attach photo identification)

OATH AND CONSENT

I declare, under penalty of perjury, that this statement has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. The applicant consents that all necessary investigation reports, including but not limited to reports from law enforcement agencies, may be obtained by the City for the purpose of furthering the investigation with regards of the **Coin Operated Amusement Machine Application** applied for by the above employer. The employer will be responsible for the costs thereof.

Signature Title Date

Executed on the _____ date of _____, 201__ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the _____ day of _____, 201__.

Notary public

My commission expires

EMPLOYEE CONSENT AUTHORIZATION

Business Name _____ Phone Number _____

Business Physical address _____
Street or P O Box City State Zip

Employee Name _____ Date of Birth _____

Social Security number _____ Position _____

Have you been convicted of a felony _____

Please list any arrest or convictions _____

(Attach photo identification)

OATH AND CONSENT

I declare, under penalty of perjury, that this statement has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. The applicant consents that all necessary investigation reports, including but not limited to reports from law enforcement agencies, may be obtained by the City for the purpose of furthering the investigation with regards of the **Coin Operated Amusement Machine Application** applied for by the above employer. The employer will be responsible for the costs thereof.

Signature Title Date

Executed on the _____ date of _____, 201__ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the _____ day of _____, 201__.

Notary public

My commission expires