

BOARD OF TRUSTEES
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WATERFORD
A CHARTER TOWNSHIP
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Betty Fortino
Waterford Township Clerk

COIN OPERATED AMUSEMENT CENTER LICENSE APPLICATION FORM
Ordinance No. 96

The undersigned odes swear and affirmatively represent that the information supplied herein is complete and accurate and made with full authority of the principals and entities named herein.

PLEASE SUPPLY FULL ANSWERS TO THE FOLLOWING:

Business Premise

1. Name and Address of Owner of Record:

2. Legal Description:

3. If the licensee has a leasehold interest in the premise, state the date of expiration:

Business Ownership

Business Name: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

E-Mail Address: _____

Business Entity (Corp., Sole Proprietor, etc.) _____

Business Personnel

List Names, Addresses and Phone Numbers of all:

1. Business owners and officers (partners, stockholders, etc.)

Designation: _____

List Names, Addresses and Drivers License Numbers of all:

2. Manager and employees on licensed premise Operators License #
