

## AMUSEMENT CENTER/PENNY ARCADE INSTRUCTIONS

1. To complete question #1 of application, if ownership is a Sole Ownership, list name of owner, if Partnership, list names of all partners; if Corporation, list correct legal name of Corporation and submit a copy of the State Certificate of Incorporation, a copy of the Articles of Incorporation and all amendments to the original Articles or Incorporation. Corporation papers are not required for renewals unless changes have been made since time of original application.
2. Application must be completely filled out, signed and notarized. **ANY APPLICATION NOT COMPLETELY FILLED OUT WILL BE RETURNED.**
3. Application must be accompanied by accurately scaled and fully dimensional plans of the premises, showing the proposed location of the machines. The plans will be submitted to the Department of Public Works for approval. Also, furnish a copy of the lease or other document which indicates the terms under which the premises are occupied. These items are not necessary for RENEWALS, unless changes have been made since time of original application.
4. Enclose a payment of \$350.00 for the initial application fee, no part of which is returnable. If applying for renewal, fee is \$250.00. Make check payable to the St. Louis County Director of Revenue.

This application will be referred to the Superintendent of Police who shall investigate the character and fitness of the proposed operator and any other persons listed as having an interest in the proposed license.

Number of ID Cards Requested  
(Under Section 627.060, SLCRO) \_\_\_\_\_

**APPLICATION FOR LICENSE TO OPERATE  
AMUSEMENT CENTER OR PENNY ARCADE CODE-CHAPTER 627**

**APPLICATION IS HEREBY MADE TO THE DIRECTOR OF LICENSES, DEPARTMENT OF REVENUE, ST. LOUIS COUNTY, 41 SOUTH CENTRAL AVE., CLAYTON, MO, 63105, FOR A LICENSE TO OPERATE AN AMUSEMENT CENTER OR PENNY ARCADE AS DEFINED IN CHAPTER 627, ST. LOUIS COUNTY REVISED ORDINANCES. PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

1. \_\_\_\_\_  
Correct Legal Name of Owner, Partnership or Corporation

2. \_\_\_\_\_  
Name of Business

3. \_\_\_\_\_  
Address: Street, City, State, Zip Code, Phone # of location

4. \_\_\_\_\_  
Mailing address, if different from above. Phone # of mailing address.

5. Please provide the following information, for ALL owners (if a Corporation all officers, give title, and stockholders) and operators (employees of location), if additional space is required use the back or separate piece of paper. (Print or type ONLY).

\_\_\_\_\_  
Full First Name, Middle Initial, Last Name, Home Street Address, City, State & Zip Code

\_\_\_\_\_  
Date of Birth, Sex, Race & Social Security Number

\_\_\_\_\_  
Full First Name, Middle Initial, Last Name, Home Street Address, City, State & Zip Code

\_\_\_\_\_  
Date of Birth, Sex, Race & Social Security Number

\_\_\_\_\_  
Full First Name, Middle Initial, Last Name, Home Street Address, City, State & Zip Code

\_\_\_\_\_  
Date of Birth, Sex, Race & Social Security Number

\_\_\_\_\_  
Full First Name, Middle Initial, Last Name, Home Street Address, City, State & Zip Code

\_\_\_\_\_  
Date of Birth, Sex, Race & Social Security Number

6. List below the number and types of machines to be used.

I do solemnly swear that the information in this application is true and correct:

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_, \_\_\_\_\_.