

CITY OF NEWPORT, RHODE ISLAND

COVER SHEET

Application for Arcade/Juke Box or Mechanical Amusement Device License

DATE: _____

TO THE HONORABLE COUNCIL OF THE CITY OF NEWPORT:

Applicant: _____
(individual, firm or corporation)

Business Address: _____

Address (cont.): _____

Telephone: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

If partnership or corporation, give names and addresses of all officers and stockholders:

Name Address:

Complete list of all prior arrests and all convictions (whether felonies or misdemeanors) of the applicant and all persons having any interest in the business of the applicant (attach separate sheet, if necessary)

DURATION: _____

TOTAL NUMBER OF MACHINES: _____

TOTAL NUMBER OF LOCATIONS: _____ (filing fee of \$25 required for each location)

Filing Fee(s): _____ Attach a sheet listing the machines at each location.

I hereby certify that the above information given by Me is true and correct to the best of my knowledge

Signature of Applicant: _____

Print Name of Applicant: _____

~~~~~ Office Use Only ~~~~~

Total License Fee(s) \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

License issued by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

ACTION OF COUNCIL \_\_\_\_\_ ACTION DATE \_\_\_\_\_