



CITY OF RICHFIELD

**Application for
General Amusement Device
License**

- 1) Billiard - Pool or Pigeonhole ----- each \$ 15.00
 Coin Operated ----- each \$ 15.00
- 2) Bowling Alleys (each lane) ----- \$ 45.00
- 3) Golf-Minature ----- \$ 47.00
- 4) Golf-Driving Tee ----- \$ 47.00
- 5) Shuffleboard (each lane) ----- \$ 16.00
- 6) Mechanical Amusement Devices (Pinball) & Music Box ----- \$ 15.00
- 7) Video Games – Per Device ----- \$ 15.00

DEFINITIONS:

"Mechanical amusement device" means any machine which, upon the insertion of a coin, slug, or token, operates or may be used for a game or contest- the term does not include video games. (City Ordinance Section 1100.01)

"Video game" means a video machine which, upon the insertion of a coin, slug or token, operates or may be used for a game, contest, or amusement of any description. (City Ordinance Section 1100.15)

"Mechanical music box" means any machine which plays music upon the insertion of a coin, slug or token. (City Ordinance Section 1100.01)

NOTE:

No application needs to be filed for machines that are held or kept in storage or for sale, or which are not actually in use or displayed for use in the city. (City Ordinance Section 1100.01)

1) **Business** - for purposes of this application, is referring to the location at which the activity takes place.

A) Business Name _____

B) Business Address _____

C) Business Phone: _____

D) Business Manager or Company Person _____

2) **Applicant** - for purposes of this form, is referring to the party (if different) who actually owns the machines and is leasing/renting them to the Richfield business.

A. Applicant's Name _____

B. Applicant's Address _____

C. Applicant's Phone: Home _____ Work _____

D. Business or Company Name _____

*AMUSEMENT DEVICE DESCRIPTIONS

Manufacturer

Type of Game

Serial Number

A. _____

B. _____

C. _____

(*No license will be granted without the foregoing data being completed. Attach sheets for additional machines.)

Are these gambling devices? YES _____ NO _____

(*No license issued to a particular machine can be transferred to another.)

SWORN STATEMENT

I, (we), hereby agree to operate such business in accordance with the laws of the state of Minnesota and the ordinances of the city of Richfield. The foregoing statements are true and correct to the best of my knowledge and belief.

Applicant's Name _____

Authorized Signature _____

Title _____

Date _____

City of Richfield
License Applicant Information

Under Minnesota Law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Name of license being applied for or renewed: _____

Licensing Authority (Name of city, county, or state agency issuing license): _____

Licensing (or renewal) date: _____

Personal Information:

Applicant's last name	First name and initial	Social Security number	
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Applicant's address	City	State	Zip Code
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Business Information (if applicable):

Business name

Business address	City	State	Zip Code
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Minnesota tax identification number	Federal tax identification number
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If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature	Title	Date
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