

**MECHANICAL AMUSEMENT DEVICE(S)**

Office of the City Clerk

City of Robbinsdale

**LICENSE APPLICATION**

**Fee: \$15/site; \$15/machine**

I, \_\_\_\_\_, hereby make application for a Mechanical Amusement Device License(s), subject to provisions of City Ordinances. I do hereby swear that the several answers and statements, and any attached information set forth by me in this application are true.

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

**PLEASE PRINT OR TYPE**

Applicant's First, Middle, & Last Name & Title		Trade Name or D.B.A.	
Business Address		City	State                      Zip
Driver's License No./State Issued	Date of Birth	Residence/Mobile Phone No.	Business Phone No.
2nd Contact Person	2nd Contact Residence Phone No.	2nd Contact Business Phone No.	

Names and Addresses of Company Officers (other than Applicant):

_____	_____
_____	_____
_____	_____

Local Business where machines are to be placed		Address	
Local Business Phone No.	Owner of Business	Residence/Mobile Phone No.	Manager of Local Business

**Type of Establishment** (check one):

- \_\_\_\_\_ Unaccompanied minors not permitted
- \_\_\_\_\_ Mechanical amusement arcade
- \_\_\_\_\_ Adults and unaccompanied minors permitted (not an arcade)

Name(s) and Title(s) for supervisors of games (establishments where minors are allowed), OR \_\_\_\_\_ Not Applicable

_____	_____
_____	_____

**The Licensee must submit all of the following:**

\_\_\_ A. Diagram showing location of supervision counter/office in relation to location of games in establishment.

\_\_\_ C. Letter from local business owner indicating agreement with types and numbers of games for which licensing is being requested.

\_\_\_ B. List of names of each mechanical amusement device and how many of each to be installed.

\_\_\_ D. Certificate of General Liability Insurance and Minnesota Tax/Workers' Compensation forms.

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Provide names, address and phone numbers of three business references from the metropolitan area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

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Provide the name, title, driver's license and state of issuance for applicant, and company/business officers.

Name/Title

Driver's License/State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**RECOMMENDATION OF STAFF**

(Initial approval or denial. Note any conditions. Attach a separate memo, if necessary.)

**APPROVE**

**DENY**

**CONDITIONS**

\_\_\_\_ Building Inspector \_\_\_\_\_  
\_\_\_\_ Fire Marshal \_\_\_\_\_