



AMUSEMENT DEVICE LICENSE APPLICATION

Two-year license
101-045.000-480.000

BSA #

License #

DATE _____

LOCATION LICENSE – \$800.00
 DISTRIBUTOR LICENSE – \$270.00

SUBMIT TO: CITY CLERK
CITY OF STERLING HEIGHTS
40555 UTICA ROAD
P.O. BOX 8009
STERLING HEIGHTS, MI 48311-8009

The undersigned hereby applies to the City of Sterling Heights for an amusement device license. In support of this application, the following representations are made:

1. Name of Applicant: _____
Provide full name
 Corporation Partnership Proprietorship Limited Liability Co.
2. Name of Business: _____
Must provide a copy of current business registration.
3. Business Address: _____
Business Phone Number: _____ Website: _____
4. Number of devices at this location: _____ Identify each and every amusement device, including manufacturer and serial number. Attach additional pages if necessary. _____
5. Do you own the amusement devices? Yes No

If No, please complete the following information regarding your Distributor:

Name of Distributor: _____
Address: _____
Phone Number: _____

6. Check the **ONE** that applies to your business:
 Distributor of amusement devices (Proceed to Paragraph 7)
 Amusement device center (Proceed to Paragraph 9)
 Under 45,000 sq. ft. with more than 15 amusement devices (Proceed to Paragraph 9)
 More than 25 amusement devices (Proceed to Paragraph 9)
 None of the above, but the business has one or more amusement devices (Proceed to Paragraph 8)

7. As a distributor, you are required to have a valid amusement device distributor license if you place or cause to be placed any functional amusement device within the City. (Please attach a list of all names and addresses of businesses in Sterling Heights where your devices are located.) SKIP Paragraphs 8-12 and proceed to Paragraph 13.
8. Your business does not qualify as an amusement device center, but in order to maintain any functional amusement device within the City, you must first obtain an amusement device license and you are required to comply with the operating regulations in Chapter 7 of the City Code. SKIP Paragraphs 9-10 and proceed to Paragraph 11.
9. Your business qualifies as an amusement device center, as defined by Chapter 7 of the City Code and the City's Zoning Ordinance. Please complete the attached Arcade Attendant form and include a copy of the person's driver license. Proceed to Paragraph 10.
10. Attach a copy of a **scaled diagram of the premises**, including:
 - Placement of the amusement devices
 - Location and width of all aisles/spaces between rows of devices
 - Location of all entrances and exits

11. Zoning of the Property: _____

Property Owner: _____
If not owned by business owner – must supply evidence of the signed lease for the business premises.

12. Planning Commission Approval of Special Land Use: _____

13. Primary use/purpose of the business: _____

14. If this is a RENEWAL, are there any amusement device changes? YES NO
If YES, identify the amusement devices that have been -

Removed: _____

Added: _____

15. List of all managers and those principally in charge of business operations:

Name: _____ Phone: _____

Address: _____

Driver License Number: _____ Date of Birth: _____

Email: _____

Name: _____ Phone: _____

Address: _____

Driver License Number: _____ Date of Birth: _____

Email: _____

Attach additional pages as necessary. Must be updated immediately if this information changes.

16. Has the applicant, any principal, any person managing the business, or any attendant (applicable only for amusement device centers) ever been convicted of a crime, or tendered a plea to any moral turpitude or criminal sexual conduct crime? YES NO
 If yes, explain the details on a separate page.

17. Days and hours of operation of the business:

Days: _____

Hours: _____

18. I hereby release and authorize the City, through its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth on this application and the qualification of the applicant for an amusement device license, including all criminal background checks: _____ *initials*

NOTICE – The City reserves the right to request additional information as deemed necessary.

CERTIFICATION

I hereby declare and certify, under oath or affirmation and under penalty of perjury, that the foregoing APPLICATION is true and correct to the best of my knowledge and belief.

I understand that inaccuracies may result in denial of the application.

I UNDERSTAND THAT OMISSIONS WILL BE CONSTRUED AS AN INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND WILL BE SUFFICIENT GROUNDS FOR DENIAL.

I understand that a renewal application 15 days prior to the two-year expiration of an existing license if I wish to continue lawfully maintaining any amusement devices while the renewal application is being processed.

I have reviewed the City's Code of Ordinances and I understand all of the obligations and responsibilities that apply to the maintenance and/or distribution of amusement devices in the City of Sterling Heights.

By: _____

Signature _____ *Title* _____

Type or Print Name

STATE OF MICHIGAN
ss
COUNTY OF _____

On this _____ day of _____, _____, before me, a Notary Public in and for the County of _____, personally appeared _____ known to me to be the said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

Notary Public Signature _____

Notary Printed Name _____

Acting in _____ County

My Commission Expires: _____

Checklist for Amusement Device License

Business Name _____
Address _____

LICENSE FEE: **Paid Date:** _____

Location License – \$800.00 _____ Distributor License – \$270.00 _____

(CITY CLERK'S OFFICE USE ONLY)

Copies to the following departments for review, investigation, and recommendation:

Police Department Approved _____ Denied _____

Fire Department Approved _____ Denied _____

City Development Approved _____ Denied _____

Planning/Zoning Approved _____ Denied _____

SALU Approval _____ Date approved _____

- 90 days provided to correct violations (if applicable)
- Renewal submitted at least 15 days prior to expiration of existing license (may continue operating)
- Labels printed and provided for each listed device

Upon receipt of favorable recommendation from each of the investigation officials listed:

Amusement Device License Number _____ Date _____

LICENSE EXPIRES TWO YEARS FROM DATE OF ISSUE

Approved by: _____
City Clerk

City of Sterling Heights – Clerk's Office

Amusement Device – (Center)

Arcade Attendant Registration

NAME: _____ DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

RESIDENTIAL PHONE NUMBER: _____

DRIVER LICENSE NUMBER: _____

AMUSEMENT CENTER WHERE EMPLOYED: _____

ADDRESS AND PHONE # OF _____

AMUSEMENT CENTER: _____

Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance? If yes, identify crime or offense, date, place and disposition.

NO _____ YES _____

I hereby request registration as an Amusement Device Attendant for the above location in the City of Sterling Heights and agree to operate this amusement device center in compliance with the Code of Ordinances, the Zoning Ordinance of the City of Sterling Heights, and other applicable statutes. I have read and am familiar with the current applicable ordinances and understand that all statements are subject to verification.

BY: _____

Attendant's Signature

DATE: _____

Attendant's Printed Name

NOTE: Two (2) attendants, 18 years of age or older, are required at a Type A licensed location for the first seventy-five (75) devices on the premises (or fraction thereof) and one additional attendant for each fifty (50) devices (or fraction thereof) beyond the first seventy-five (75) devices in order to ensure that the regulations contained in Chapter 7 of the Sterling Heights Code of Ordinances are enforced.