

CITY OF EDWARDSVILLE

"All-America City - 1992"



690 S. 4th St.
P.O. Box 13738
Edwardsville, KS 66113
(913) 441-3707
Fax (913) 441-3805

APPLICATION

AMUSEMENT DEVICES

NO. _____ \$ _____

Name of Applicant Name of Owner of Device

Address Address

City, State City, State

Age _____ Date of Birth _____

Name & Address of location where machine will be operated:

Name of Business

Address

Description of machine: (mechanical features) _____

Name of Manufacturer: _____

Serial No. _____

Date of Application: _____ Date Approved by Council: _____

Has __ applicant or __ owner paid current Fed. Occupation Tax?

____ Yes ____ No Federal Tax Number: _____

TRANSFER OF LICENSE. A license issued under this article may be transferred from one machine or device to another similar machine or device upon application to the city clerk to such effect and giving the description and serial number of the new machine or device.

TERM OF LICENSE. Each license issued under this article shall expire one year from the date of issuance.

cc: Chief of Police
cc: City records