



# Clintonville Amusement Device License Application

Name \_\_\_\_\_

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone Number \_\_\_\_\_

License Period: \_\_\_\_\_ Ending \_\_\_\_\_

Fee: \$20.00 per Device

Number of Devices \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council	Date license granted
Date license issued	Signature of Clerk	