

## COMMUNITY DEVELOPMENT DEPARTMENT Joan Davenport, AICP, Director

Glenn Denman, Manager
Code Administration Division
129 North Second Street, 2nd Floor Yakima, Washington 98901
Phone (509) 575-6126 • Fax (509) 576-6576 E-mail: codes@yakimawa.gov

## AMUSEMENT DEVICE/JUKEBOX/POOL TABLE/BILLIARD TABLE REGULATORY LICENSE APPLICATION

YMC Chapter 5.12

| Applying For (check all that apply):  | Quantity:                       | Fee:  |
|---|---------------------------------|---|
| ☐ Amusement Device(s)   |                                 | \$15.75 per device<br>\$15.75 per device              |
| <ul><li>☐ Jukebox(es)</li><li>☐ Pool Table(s)</li></ul>   |                                 | \$53.48 per table                                     |
| ☐ Billiard Table(s)   |                                 | \$53.48 per table                                     |
| ***A \$12.00 fee for Criminal Background  | Check will als                  | •   |
| Ducings On sustan Information.  |                                 |   |
| Business Operator Information: Business Name:   |                                 |   |
| Mailing Address:  |                                 |   |
|   |                                 | e:Zip:  |
| Physical Location:  |                                 |   |
| Business Phone: Alte  | rnate Phone:                    | Fax:  |
| (Please attach additional pages if there is more than one   | e location)                     |   |
| If the owner of the device(s) is not the sa are located, the owner of the device(s) m  I am applying as the: □ Business Own | nust apply for t<br>er □ Device | the license.  Owner                                   |
|   |                                 | ast Name:   |
| Home Address:   |                                 |   |
| City:   | State:                          | Zip:  |
| Applicant's Phone Number:   |                                 | _ Alt. Phone:   |
| Applicant's Email Address:  |                                 |   |
| Date of Birth:  | Place of B                      | irth:   |
| Device Information:   |                                 |   |
| Type of Device:   | Make:                           | Serial #:   |
| Type of Device:   | Make:                           | Serial #:   |
| Type of Device:   | Make:                           | Serial #:   |
| Type of Device:   | Make:                           | Serial #:   |
| Type of Device:   | Make:                           | Serial #:   |
| (Please attach additional pages if necessary)   |                                 |   |
| The issuance of this license does not entitle you applicable to the business operation.                                     | to conduct busi                 | ness in violation of any federal, state or local laws |
| Signature:  |                                 | Date:   |