



**OFFICE OF THE CITY CLERK**

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**APPLICATION FOR COIN OPERATED AMUSEMENT DEVICE LICENSE**

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

**I. INDIVIDUAL BACKGROUND**

Name of Applicant: (also Maiden name): \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Permanent Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Is this an original or renewal application? \_\_\_\_\_  
Place & Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Do you possess a current **valid** driver license? YES \_\_\_\_\_ NO \_\_\_\_\_  
Driver License ID Number: \_\_\_\_\_ State: \_\_\_\_\_  
Do you own or have use of a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
Make & Year of Vehicle: \_\_\_\_\_ Color: \_\_\_\_\_ Model: \_\_\_\_\_  
License Plate No: \_\_\_\_\_ State Registered: \_\_\_\_\_  
Have you ever been convicted of a crime? \_\_\_\_\_ (if yes, explain) \_\_\_\_\_

**II. BUSINESS/ORGANIZATION – INFORMATION**

Name of Business/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone Number : \_\_\_\_\_  
Number of Years Business has been open or conducted: \_\_\_\_\_  
Is this location within 500 feet of a public or private school? \_\_\_\_\_  
Type and name of device: \_\_\_\_\_  
Manufacturer's serial number(s): \_\_\_\_\_  
Name and address of manufacturer: \_\_\_\_\_  
Do you (applicant) own the device(s)? \_\_\_\_\_ **If not:**  
Name and address of owner(s): \_\_\_\_\_  
Can the device(s) be used or operated for gambling purposes? \_\_\_\_\_

**Officer or Representative to whom you are responsible:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Job Title: \_\_\_\_\_  
Are you an employee of the City of Rome? \_\_\_\_\_ (if yes, explain)

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



