



OFFICE OF THE CITY CLERK
ROME CITY HALL, 198 N. WASHINGTON ST.
ROME, NEW YORK 13440-5815
TEL.: (315) 339-7659 FAX: (315) 838-1160
WWW.ROMENEWYORK.COM

APPLICATION FOR COIN OPERATED AMUSEMENT DEVICES LICENSE

INDIVIDUAL BACKGROUND

1. Name of Applicant: (also Maiden Name): _____
2. Permanent Address: _____
3. Phone Number: _____ Email: _____
4. Place & Date of Birth: _____ Age _____
5. Social Security Number: _____ - _____ - _____ ☐ MALE ☐ FEMALE
6. Do you possess a current valid driver license? ☐ YES ☐ NO
7. Driver License ID Number: _____ State: _____
8. Do you own or have use of a motor vehicle? ☐ YES ☐ NO
9. Make/Model of Vehicle: _____ Color: _____ Year: _____
License Plate No: _____ State Registered: _____
10. Have you ever been convicted of a crime? ☐ YES ☐ NO
(if yes, explain): _____

BUSINESS/ORGANIZATION – INFORMATION

1. Name of Business/Organization: _____
2. Full Address: _____
3. Business Phone: _____ Email: _____
4. Number of Years Business has been open or conducted: _____
5. Is this location within 500 feet of a public or private school? ☐ YES ☐ NO

Officer or Representative to whom you are responsible: _____
Title: _____ Phone: _____
Your Job Title: _____
Are you an employee of the City of Rome? ☐ YES ☐ NO
(if yes, explain): _____

AMUSEMENT DEVICE INFORMATION

1. Do you (applicant) own the device(s) listed below? ☐ YES ☐ NO
 - a. If not, list the name and address of owner(s):

2. Can the device(s) be used or operated for gambling purposes? ☐ YES ☐ NO

FOR INTERNAL USE ONLY

ROME POLICE DEPARTMENT VERIFICATION

The credentials of the applicant(s), principal(s) and/or partner(s) of the business have been checked by the Rome Police Department, and based upon the information provided, the license is:

☐ Approved

☐ Disapproved

The applicant was not approved for the following reason(s)

Signature

Title

Date

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CITY CLERK LICENSING INFORMATION

New business non-refundable application fee: \$100.00

Annual renewals:	1-6 machines:	\$150.00
	7+ machines:	\$250.00
	Late fee:	\$50.00

Amount Paid: _____

Date License Issued: _____

Date License Expires: _____

License No.: _____

City Clerk Signature

Date