

PLANNING AND CODE ADMINISTRATION

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AMUSEMENT MACHINE LICENSE APPLICATION

SUBJECT PROPERTY

Name of Business _____ Primary Use _____
Street Address _____
Primary Contact _____
Business Telephone Number _____
Days and Hours of Operation _____
Liquor License Number (if applicable) _____
Number of Machines to be Licensed _____

PROPERTY OWNER

TYPE OF OWNERSHIP: Individual Partnership Corporation
If Corporation, Registered Agent Contact _____
Corporation or Individual(s) Name _____ Primary or Emergency Contact _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone Numbers: Work _____ Cell _____ E-mail Address _____

APPLICANT

Primary Contact _____ Title _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone Numbers: Work _____ Cell _____ E-mail Address _____

TENANT

Check if same as applicant

Primary Contact _____ Title _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephone Numbers: Work _____ Cell _____ E-mail Address _____

I hereby certify that I have read and examined this application, which includes the attached Chapter 3 of the City Code and that all statements are true and correct, and that I will not violate the ordinances and regulations of the City of Gaithersburg or the conditions of the license, and agree to the entry upon the premises by authorized City employees to inspect for compliance with Chapter 24 of the City Code (Zoning Ordinance) and ensure and enforce compliance with laws, ordinances and regulations applicable within the City. The granting of a license does not presume to give authority to violate or cancel the provisions of other state or local law regulating amusement machines.

Applicant's Signature _____ **Date** _____

SUBMITTALS

- Interior Floor Plan Showing Location of Each Machine
- Fee