



PLANNING AND DEVELOPMENT

GAME ROOM LICENSE APPLICATION

Business Name: _____

Business Address: _____

Attach true and correct copy of the registration of the applicant's assumed name filed in the office of the county clerk, bearing the file mark or stamp that evidences its filing.

Number of Amusement Redemption Machines to be licensed? _____

Amusement Machine Serial Numbers:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach floor plan of the game room interior, depicting the layout of the amusement redemption machine game room interior specifically including, but not limited to, the location of all amusement redemption machines, coin-operated machines or devices, the manager's station, restroom facilities, kitchen and bar facilities, if any, and all areas to which patrons will not be permitted.

Attach site plan showing required parking.

Initials

Date

Legal Description of Property: _____

Lot: _____ Block: _____ Subdivision: _____

Zoning: _____ Date of City Council Approval: _____

Is the business a corporation? Yes/ No Partnership? Yes/ No

Name Registered with Texas Secretary of State: _____

Include name of corporate officers or general and limited partners below.

Applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Driver's License Number: _____ State: _____

Has the applicant had a game room license revoked within the last two years? Yes No

Employment for the past five years:

Employer Name _____ Address _____ Dates of Employment _____

Employer Name _____ Address _____ Dates of Employment _____

Employer Name _____ Address _____ Dates of Employment _____

Has the applicant been convicted of any crime related to a game room?

Date: _____ Location: _____

Nature of Offense: _____ Penalty: _____

Other Parties with an Ownership Interest in the Game Room:

Name: _____ Partner/ Corporate Officer

Address: _____

City: _____ State: _____ Zip Code: _____

Initials

Date

Ordinance Number 21500-10-2014

Phone Number: _____

Driver's License Number: _____ State: _____

Has this person had a previously held game room license revoked within the last two years?
Yes No

Employment for the past five years:

Employer Name _____ Address _____ Dates of Employment _____

Employer Name _____ Address _____ Dates of Employment _____

Employer Name _____ Address _____ Dates of Employment _____

Has this person been convicted of any crime related to a game room?

Date: _____ Location: _____

Nature of Offense: _____ Penalty: _____

Name: _____ Partner/ Corporate Officer

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Driver's License Number: _____ State: _____

Has this person had a previously held game room license revoked within the last two years?
Yes No

Employment for the past five years:

Employer Name _____ Address _____ Dates of Employment _____

Employer Name _____ Address _____ Dates of Employment _____

Employer Name _____ Address _____ Dates of Employment _____

Has this person been convicted of any crime related to a game room?

Date: _____ Location: _____

Nature of Offense: _____ Penalty: _____

Add additional sheets if necessary to provide information for all parties with an ownership interest.

Property Owner

Same as Applicant?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Driver's License Number: _____ State: _____

Business Operator

Same as Applicant?

Name: _____ Partner/ Corporate Officer

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Driver's License Number: _____ State: _____

Has this person had a previously held game room license revoked within the last two years?

Yes No

Employment for the past five years:

Employer Name _____ Address _____ Dates of Employment _____

Employer Name _____ Address _____ Dates of Employment _____

Employer Name _____ Address _____ Dates of Employment _____

Has this person been convicted of any crime related to a game room?

Date: _____ Location: _____

Nature of Offense: _____ Penalty: _____

Emergency Contact Available After Hours

Same as Applicant?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

All persons with an ownership interest in the business and the business operator sign and have notarized the statement below:

I attest that all of the facts contained in the application are true and correct; that the amusement redemption machines are not and will not be used as gambling devices; that the location and operation of the game room will not violate any applicable deed restrictions; and that the game room will be operated in accordance with all laws. By signing this application, I hereby authorize the City of Fort Worth Chief of Police, or his designated staff, to request a criminal background check regarding myself from the Texas Department of Public Safety and any appropriate federal agency for the release to the City of Fort Worth for the purpose of this application and hereby release the City from any claims as a result of this request.

Signature

Date

Before me, undersigned authority, on this day personally appeared _____, known to me to be the person who signed this foregoing application and, duly sworn by me, stated under oath that he/she has read the said application and all of the facts therein set forth are true and correct.

Sworn to before me, this the _____ day of _____, 20__

Notary Public in and for Tarrant County, Texas

Signature

Date

Before me, undersigned authority, on this day personally appeared _____, known to me to be the person who signed this foregoing application and, duly sworn by me, stated under oath that he/she has read the said application and all of the facts therein set forth are true and correct.

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Notary Public in and for Tarrant County, Texas

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Notary Public in and for Tarrant County, Texas