Business License
38250 Sierra Highway
Palmdale, CA 93550
661/247-8384
661/267-5434
Palmdale@HdLgov.com
BusinessLicense@cityofpalmdale.org

GAME ARCADES AND COIN-OPERATED GAMES PERMIT APPLICATION

This Application is for (check one)

☐ New Permit

☐ Annual Renewal

Business Name: _____
(If a Corporation, the name shall be as set forth in its Articles of Incorporation)

Business Address: _____

Business phone number and email: _____

If the business is advertised to the public and operates under a name other than the name of the applicant, list such other name or designation: _____

_____

If a corporation, the names and addresses of all directors, any stockholder holding 10% or more of the shares, and the name and address of an officer who is duly authorized to accept service of legal process. _____

_____

_____

A full description of the intended business activity and, if a new business, the estimated starting date of such business activity: _____

_____

_____

State the exact location within the business establishment where the game arcade or coin-operated machines will be located: _____

_____

_____

The number of coin-operated machines for which a permit and license is being applied for: _____

The names, addresses and telephone numbers of at least two individuals who may be contacted by the City in case of an emergency: _____

_____

_____

CITY OF PALMDALE

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OPERATING REQUIREMENTS:

1. Manager Required - A game arcade permittee shall employ a person on the premises to act as manager at all times during which the arcade is open. Such manager shall be permitted to Section 5.04.050.

2. Visibility of Interior - The permittee shall maintain the interior premises of the game arcade in a manner such that it is clearly visible from the entrance to the establishment in which the game arcade is located. Notwithstanding Subsection 2.a., if the game arcade is located in a physically segregated portion of the premises, the permittee shall maintain its interior in a manner such that it is clearly visible from the entrance into the game arcade.

I declare under penalties of perjury that this application is true and correct to the best of my knowledge and belief.

Signature Title Date

OFFICE USE ONLY

SPECIAL CONDITIONS PLACED: _____

_____

_____

Recommend ( ) Not Recommended ( )

Los Angeles County Sheriff's Department: _____
Signature Date

Planning Manager: _____
Signature Date