



FEES:	
Amusement Devices (1 - 4)	\$40.00
Amusement Devices (5 +)	\$70.00
Renewal of Amusement License	\$20.00
Business License Fee	\$50.00
Business License Renewal Fee	\$50.00

PLEASE RETURN TO:
 Planning and Development
 25 West Main Street
 Auburn, WA 98001
 Phone: (253) 931-3090
 Fax: (253) 807-3114

APPLICATION FOR AMUSEMENT DEVICE INDIVIDUAL LICENSE

The Auburn Municipal Code requires that business activity which meet the criteria for individual licenses be applied for in addition to a City of Auburn business registration from the City Clerk's office. City of Auburn business registrations and individual licenses are required to be renewed by December 31st of each year.

<u>CHECKLIST/REQUIREMENTS</u>	<u>LOCATION OF BUSINESS IN AUBURN</u>
Conditional Use Permit Yes <input type="checkbox"/> No <input type="checkbox"/> Conditional Use Permit is required when five or more amusement devices are on a premises.	NAME: ADDRESS: TELEPHONE:

AMUSEMENT DEVICE OPERATOR BUSINESS INFORMATION:			
Name:			
Address:			
City:	State:	Zip:	Telephone:

APPLICANT'S INFORMATION:			
Name:			
Address:			
City:	State:	Zip:	Telephone:
Maiden Name:	Alias/Previous Name:		
Drivers License No.:	Eye Color:	Hair Color:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	HT:	WT:	
Social Security No.:	Date of Birth:	Place of Birth:	
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please indicate status:			
Previous Home Address Past (5) years:			
1.	2.		
Previous Employment Past (5) years:			
1.	2.		

STATE OF WASHINGTON
 COUNTY OF KING

I, _____, being first duly sworn, on oath deposes and says: I am the above named applicant and make this affidavit for the purpose of obtaining from the City of Auburn an AMUSEMENT DEVICE individual license. I have personal knowledge of the matters stated in the individual license application, and the statements therein contained are true. I have read the individual license regulation in Auburn City Code 8.24 and the legal requirements contained therein.

I, _____, hereby give permission to the City of Auburn to conduct an investigation into my background. I waive any and all claims against any company, corporation or individual pertaining to information received from such company, corporation or individual by the city as a result of such investigation.

 Signature of Applicant

Subscribed and sworn before me this ____ date of _____,
 20____, Notary Public in and for the State of Washington, residing
 at _____. My Commission Expires: ____/____/____
 Signature: _____

FOR OFFICE USE ONLY:	
<input type="checkbox"/> Planning _____	Date Received: _____
<input type="checkbox"/> Building _____	Amount Paid: _____
<input type="checkbox"/> Fire _____	TR Receipt #: _____
<input type="checkbox"/> Police _____	Business License #: _____