

## **AMUSEMENT CENTER APPLICATION**

**Email** - The completed application can be emailed to <a href="mailto:Kathryn.Bowman@wentzvillemo.gov">Kathryn.Bowman@wentzvillemo.gov</a> **Or can be mailed/dropped off at:** 

**City Hall** – 1001 Schroeder Creek Blvd. Wentzville, MO 63385 (636) 327-5101

☐ New (\$250 Non-Refundable A	Application Fee)	Renewal (\$150 Non-Refundable Application Fee)
In compliance with Chapter 625 of respectfully applies for a license to	•	e City of Wentzville, Missouri the undersigned hereby center in the City of Wentzville.
Business Name:		
Business Address:		Local Phone:
Business Mailing Address:		
Business Email Address:		
Business Owner Phone:		Cell Phone:
Business Owner DOB:		Social Security#:
Proposed hours of operation:	Sunday – Thursda	
Duran auto Ocean auto Nama (if diffe	Friday and Saturda	•
		7in
Address:	City, State, Zip: Cell Phone:	
Property Owners Email:		
Additional items that must be subr		
<ol> <li>Accurate scaled and fully of machines.</li> </ol>	dimensioned plans of the	premises, showing the proposed location of the
2. The number of machines a	and the types of machine  No guarantee of issuan	
	•	
I hereby consent to a complete cri Center License.	iminal record check bein	g made, pursuant to my application for Amusement
Signature	· <b></b>	 Date

PLANNING AND ZONING DIVISION USE ONLY			
Signature	Date		
POLICE DEPARTMENT USE ONLY			
Chief of Police investigation did $\square$ did not $\square$ discover information that requires denial of a license pursuant to Section 625.110 of the Wentzville Municipal Code.			
Signature	Date		
CITY CLERK'S OFFICE USE ONLY			
Receipt#:	Business License#:		
Term of License:through			
 Signature	 Date		

Revised 10/14/2020