



**West Bloomfield Township**  
**Clerk's Office**  
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 West Bloomfield, MI 48323  
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 (248) 682-3788 Facsimile  
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## Application for Coin-operated Amusement License

**License Application/Renewal Fee: \$40.00**

**Equipment Fee: \$20.00 per device**

**Refer to Building Department's Electrical Permit Fee Schedule for Minimum Fees and Re-inspection Fees**

**Note:** This application is pursuant to the Amusements and Entertainments Ordinance, Section 6-16 through 6-38. Licenses per establishment expire each December 31<sup>st</sup> and must be **renewed prior to December 31<sup>st</sup>** of each calendar year.

*A new application must be filed if additional coin-operated devices are installed after the original license is issued.*

In addition to the application fee, please **include** along with the application, **a scaled floor plan/drawing** of the entire business establishment. The drawing must have a minimum scale of 1"=10' and contain the following: (See enclosed example)

- Exterior walls of the building indicating all entrances to and exits from the establishment.
- Location of all interior partitions, halls, doorways, restroom facilities, office space, utility rooms, storage space, etc.
- Location of the proposed coin-operated amusement devices.
- Location of all tables, counters and aisles in relation to the proposed coin-operated amusement devices.
- Gross floor area of the building (in square feet).
- Location sketch as it relates to the entrance of adjoining uses.
- Indication of parking spaces available and the location of bicycle racks (existing or proposed).

Name of Owner(s)/Applicant(s) of Establishment: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of the primary business: \_\_\_\_\_

Name of Coin-Operated Distributor: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Please indicate to which address license should be sent:     Establishment     Distributor

