



COIN-OPERATED AMUSEMENT DEVICE LICENSE APPLICATION

BALTIMORE COUNTY, MARYLAND
DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS
111 WEST CHESAPEAKE AVENUE, ROOM 101
TOWSON, MARYLAND 21204
410-887-3616

LICENSE FEE PER DEVICE:
\$1,000.00 for Simulated Gaming Device
\$ 200.00 for all other amusement devices
50% late fee for renewals after January 31
Checks made payable to: Baltimore County, MD

APPLICATION FOR LICENSE OF A COIN-OPERATED AMUSEMENT DEVICE MAINTAINED FOR OPERATION BY THE PUBLIC FOR AMUSEMENT PURPOSES
IT IS THE OBLIGATION OF THE LICENSEE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE AND ALL OTHER GAMBLING LAWS.
COIN-OPERATED AMUSEMENT DEVICE LICENSES ARE NOT TRANSFERABLE BETWEEN LOCATIONS. THE LICENSE(S) MAY NOT BE TRANSFERRED TO ANOTHER DEVICE.

LOCATION INFORMATION - to be completed by Proprietor/Owner or Officer of locations, please PRINT or TYPE all information except signatures

New Location (1st time for devices at this location): No Yes Renewal: No Yes Type of business and/or principal use
Indicate Changes: Principal use interior floor Area: square feet
Trade Name: No Yes If yes, Former Trade Name: (excluding storage area). Zoning approval must be obtained for new locations
Ownership: No Yes If yes, Former Trade Name: change of business type, or existing locations requesting additional devices.

TRADE NAME OF BUSINESS PHONE

LEGAL NAME (name registered with Maryland Department of Assessments and Taxation)

ADDRESS (where devices are located) ZIP CODE

MAILING NAME & ADDRESS (if different from location) ZIP CODE

TYPE OF OWNERSHIP: Individual Corporation Partnership LLC Other (specify)

INDIVIDUAL OWNER/OFFICER(S) HOME PHONE

(Attach separate list for additional names & address)

RESIDENCE (address, city and state) ZIP CODE

I hereby certify, under the penalties of perjury, that the information herein is true and correct. I further understand that any violation of Baltimore County Code Article 21, Title 4 Sections 21-4-201 through 21-4-209 may result in the suspension, revocation or non-renewal of the license(s) and upon conviction that I shall be subject to fines and/or imprisonment.

OWNER/OFFICER *SIGNATURE TITLE DATE

*Original signature, sign in blue ink

REGISTRATION INFORMATION - to be completed by owner of device(s), if different from owner of locations

TRADE NAME OF BUSINESS PHONE

Is this vending business owned by an: Individual Corporation Partnership LLC Other (specify)

MAILING ADDRESS ZIP CODE

NAME OF OWNER/OFFICER(S) PHONE

OWNER ADDRESS ZIP CODE

OWNER/OFFICER *SIGNATURE TITLE DATE

*Original signature, sign in blue ink

COIN-OPERATED AMUSEMENT DEVICE INFORMATION

Use page 2 of application for additional devices, request more forms as needed

Table with 5 columns: TYPE OF DEVICE (describe specific poker or similar games), SIMULATED GAMING DEVICE Yes/No, SERIAL NUMBER EACH DEVICE (Manufacturer or Owner-Assigned Number), Month / Year (device placed in location), OFFICE USE ONLY (License No., Fee Paid (each device)).

ZONING APPROVAL/INFORMATION/(410-887-3391)

Approval Disapproval Type of Zoning Maximum No. of Devices Allowed Zoning Hearing Case No.

If disapproved, state reason(s) why

Reviewer's Name (print) Signature Date

OFFICE USE ONLY

Date Received. Cash Receipt Date Cash Receipt No. No. of Licenses (this page)

License Year Date Issued Total Paid (all pages) Total No. of Licenses (all pages)

License Numbers Range (this page) Start End Logged in ledger (initials)

Date Entered into Computer By

