

## AMUSEMENT DEVICE LICENSE APPLICATION

**FEE: \$50.00 per device**

ADDRESS (no. & street):	
Business Name:	Phone:

EXHIBITOR/OWNER NAME:	
Address (no & street):	
City/State/Zip:	Phone:

Number of Amusement Devices:	
List all amusement devices or attach list to application:	

Application is hereby submitted for exhibitor's license and registration of mechanical or electrically operated amusement devices as described in this application. The acceptance of the license herein applied for shall constitute an agreement on the part of the undersigned to abide by the City of Mayfield Heights Codified Ordinances ([Chapter 703 Amusement Devices](#)), laws of the State, and any special requirements.

**All licenses expire December 31<sup>st</sup>.**

APPLICANT'S NAME:	
COMPANY:	Phone:
EMAIL:	
ADDRESS (CITY, STATE, ZIP)	
SIGNATURE OF APPLICANT:	
DATE ISSUED:	LICENSE #'s: