



Planning and Zoning
1975 Lakeside Parkway
Suite 350
Tucker, GA 30084
Phone: 678-597-9040
Website: tuckerga.gov

Amusement Game Room License Application

REQUIRED ITEMS	CHECK <input type="checkbox"/>
Amusement Game Room Application—Complete all fields below	<input type="checkbox"/>
List of names and addresses of any other business owned or operated by the applicant within the City of Tucker —See page 2.	<input type="checkbox"/>
List of any other licenses or permits from the City of Tucker— See page 2.	<input type="checkbox"/>
Copy of Machine Owner’s Master License from the State of Georgia	<input type="checkbox"/>
Copy of Location License from the State of Georgia	<input type="checkbox"/>
Scale Drawing by Registered Land Surveyor or Professional Engineer – See Sec. 10-607	<input type="checkbox"/>

LOCATION OF COIN OPERATED AMUSEMENT MACHINE(S)		
Property Address:		
Business Name where COAM(s) are Located:		
Number of COAM(s)*:		*No more than 6 allowed per Sec. 10-608
APPLICANT INFORMATION		
Name:		
Applicant is the: <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Other _____		
Address:		
City:	State:	Zip:
Age:		
Phone:	Email:	
MACHINE OWNER INFORMATION		
Name of Owner of Machine(s):		
Address of Owner of Machine(s):		
City:	State:	Zip:
Phone:	Email:	

List of names and addresses of any other business owned or operated by the applicant within the City of Tucker:

List of any other licenses or permit from the City of Tucker (OTC, Alcohol, etc):

Applicant's Certification (Initial and Sign)

I do solemnly swear and attest, subject to criminal penalties for false swearing, that I am authorized to submit this application for an Amusement Game Room License to the City of Tucker. _____ *Initial*

I have read and understand the regulations in Chapter 10, Article XIV of the City of Tucker Code and agree to comply with these regulations at all times. _____ *Initial*

I understand that my Amusement Game Room License must be renewed annually and that it is nontransferable to another owner or location within the city. _____ *Initial*

I agree to submit monthly reports of gross receipts to coamreporting@tuckerga.gov to ensure compliance with local and state COAM regulations. _____ *Initial*

Printed Name:

Signature:

Date: