



City Clerk's Office  
 221 East Clark Street  
 Albert Lea, MN 56007  
 507-377-4335  
 dmaras@ci.albertlea.mn.us

**LICENSE APPLICATION**

Please check all that apply:

- ( ) *Arcade Amusement Center*  
 [7 or more machines] 100.00
- ( ) *Billiards/Pool Tables* \$75.00
- ( ) *Mechanical Amusement Device(s)*  
 \$15.00 each Plus \$15 per location
- ( ) *Distributor/Vending* \$200.00

*Please Type or Print Legibly*

**Applicant:**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home/Cell Telephone Number (Daytime): \_\_\_\_\_

**Business:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Business Telephone Number (Daytime): \_\_\_\_\_

*Please Circle One*

- 1) Do you operate more than six (6) mechanical amusement devices in any one location, except pool and billiard tables?      Yes      No
- 2) Do you operate an establishment in which a mechanical amusement device is located?      Yes      No
- 3) Do you have pool, billiard, snooker, or other game tables on your premises?      Yes      No
- 4) If you answered 'Yes' to any of the above questions, please fill in the following:
  - a. Address where machine(s) and/or table(s) are to be located: \_\_\_\_\_
  - b. Type of business establishment: \_\_\_\_\_
  - c. Type of machine(s) to be placed (novelty, musical, etc.) and the amount of money required to operate the machine(s) and/or table(s): \_\_\_\_\_
- 5) Are you engaged in the business of selling, servicing, placing, or leasing mechanical amusement devices on premises of more than one operator?      Yes      No
  - a. If 'Yes', please describe the type of devices to be sold, serviced, placed and/or based under this license: \_\_\_\_\_
- 6) Are you a non-profit organization?      Yes      No

\*\*\*\*\*

State of Minnesota)  
 County of Freeborn) ss.  
 City of Albert Lea)

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE TERMS OF THE ALBERT LEA CITY CODE AND THE LAWS OF THE STATE OF MINNESOTA AS THEY RELATE TO ARCADE AMUSEMENT CENTERS, MECHANICAL AMUSEMENT DEVICES; AND/OR POOL AND BILLIARD TABLES. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Office Use

Date Received: \_\_\_\_\_

Processor Initials: \_\_\_\_\_

Fee Received: \_\_\_\_\_ for \_\_\_\_\_

Check Number/Cash/CC: \_\_\_\_\_

Fee Received: \_\_\_\_\_ for \_\_\_\_\_

Council Approval: \_\_\_\_\_