

CITY OF LAURIE, MISSOURI

License # _____
Number of Machines _____
Application Date _____
License Fee \$ _____
Date Fee Paid _____

COIN-OPERATED MACHINE OR AMUSEMENT MACHINE LICENSE APPLICATION

GENERAL INFORMATION

Application Type: New Amended Renewal

Applicant Name _____

Applicant Type: Individual Partnership Corporation LLC Other _____

Individual Applicant Address _____

Phone Number _____ City _____ State _____ Zip Code _____
Drivers License No _____

Partnership, Corp, LLC or Other Applicant – All owners or shareholders of 25% or greater interest in Entity

Owner 1 Name: _____ Percentage Interest _____
Address _____

Phone Number _____ City _____ State _____ Zip Code _____
Drivers License No _____

Owner 2 Name: _____ Percentage Interest _____
Address _____

Phone Number _____ City _____ State _____ Zip Code _____
Drivers License No _____

Owner 3 Name: _____ Percentage Interest _____
Address _____

Phone Number _____ City _____ State _____ Zip Code _____
Drivers License No _____

Owner 4 Name: _____ Percentage Interest _____
Address _____

Phone Number _____ City _____ State _____ Zip Code _____
Drivers License No _____

Entity Federal Tax ID Number _____

Business Name where machines will be located _____

Physical Address of where machines will be located _____

Business Contact Person Name _____

Business Mailing Address _____

Business Phone Number _____ City _____ State _____ Zip Code _____

Business Federal Tax ID Number _____

Property Owner of Business Location _____

Property Owner Contact Person Name _____

Property Owner Mailing Address _____
City State Zip Code

Property Owner Phone Number _____

Number of coin-operated machines or amusement machines the applicant intends to install _____

- *For each machine, Applicant must complete a separate Exhibit 1.*

Number of licensed coin-operated machines or amusement machines the applicant has in Laurie _____

The business name and physical address(s) of existing or previously licensed machines in Laurie for the applicant: _____

Has a previous license for coin-operated machines or amusement games issued to the applicant, business owner, or property owner been revoked or suspended in the previous two years: Yes No

If yes, please provide the license number, date of suspension or revocation, and the current status of that license: _____

Affidavit of Applicant

State of _____
SS

County of _____

I, the applicant identified herein, swear or affirm under the penalties of perjury, to the following:

1. That all information contained in the Application is true and correct to the best of my knowledge.
2. The Coin-Operated Machines or Amusement Machines applied for in this application are not and will not be used as gambling devices;
3. That the location and operation of each Coin-Operated Machine or Amusement Machine will not violate any applicable deed restrictions for the business property; and
4. That the location of each Coin-Operated Machine or Amusement Machine will be operated in accordance with all City, County, and State laws.

Applicant Signature _____ **Date** _____

Signed and sworn/affirmed to before me, a notary public, on this ___ day of _____, 20____.

Notary Public
My Commission expires: _____

Attach Fee and Send Application To: City of Laurie, 147 S. Main St., Laurie, Mo. 65037

EXHIBIT 1

Machine Information for Coin-Operated Machine or Amusement Machine License (separate form must be completed for each machine)

Name of Machine _____

Description of Machine _____

Manufacture Name _____

Model Number _____

Serial Numbers Hard Drives or Storage Drives:

TESTING LAB COMPLIANCE (Section 605.146(A)(2)(h)) **

Name of Independent Testing Lab used: _____

Date of Machine certification: _____ Certificate Number _____

Copy of Certification attached Yes No

Lab Contact Person Name _____

Lab Mailing Address _____
City State Zip Code

Lab Phone Number _____

It is the sole responsibility of the applicant to provide the City with a copy of the certification identified above and the applicant understands that no License may be issued until the certification is provided.

AUTHORIZATION TO VERIFY WITH TESTING LAB

I, the applicant, hereby authorize the City of Laurie to contact the Independent Testing Lab identified above for the purpose of verifying the authenticity and accuracy of the certification described above. I further authorize the Independent Test Lab identified above to fully discuss the certification and provide copies of the certification identified above directly to the City of Laurie.

Applicant Signature _____ **Date** _____

** The requirements set forth in Section 605.146(A)(2)(h) shall become mandatory for all licenses effective on or after February 1, 2025 and will not be required for any licenses that expire on or before January 31, 2025.