



# AMUSEMENT GAME ROOM LICENSE APPLICATION

## City of Statham

Date: \_\_\_\_\_ New [  ] Renewal [  ]

The undersigned applicant hereby applies to the Mayor and Council of the City of Statham for a license to operate an amusement game room, as defined by Section 10-94 of the Code of Ordinances of the City of Statham.

**\*Your business may be subject to other licensing requirements and/or Regulatory Fees in addition to the Amusement Game Room License.**

**\*\*Owner/Manager is responsible for reporting all changes to your business\*\***

<b>Business Name:</b>		<b>Business Ownership Type:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Explain)			
<b>Federal EIN or SS#:</b>		<b>E-Verify Identification Number:</b>			
<b>State of Georgia Business Registration No.</b>		<b>Tax Class</b>	<b>NAICS Code</b>		
<b>Business Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Renewal Type, if applicable:</b> <input type="checkbox"/> Renewal with <u>no</u> changes <input type="checkbox"/> Renewal <u>with</u> changes <input type="checkbox"/> Sold <input type="checkbox"/> Closed					
<b>List Any Changes (name, location, mailing address, phone, email):</b>					
<b>Date Sold or Closed:</b>					
<b>Owner/Applicant Name</b>			<b>Corporation Name</b>		
<b>Address</b>			<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Office</b>		<b>Mobile</b>		<b>Mobile</b>	
<b>Email</b>			<b>Email</b>		

Game Room License Application fee approved 11/19/2024 by the Statham City Council.

### Related Parties – List Principal Officers of the Business

<b>Name</b>			<b>Name</b>		
<b>Address</b>			<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mobile #</b>		<b>DOB</b>	<b>Mobile #</b>		<b>DOB</b>
<b>D.L. #</b>		<b>SS#</b>	<b>D.L. #</b>		<b>SS#</b>
<b>Email</b>			<b>Email</b>		

1. On average, how many employees including owner(s)? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

2. Are you a Resident of Barrow County? Yes \_\_\_ No \_\_\_

3. How many gaming machines do you have or will have by the end of this year?  
Maximum is [6] machines \_\_\_\_\_
4. Have you, your partner or partners, or corporate officer, director, or stockholder ever been arrested or convicted of any City, State, or Federal penal law or ordinance?  
Yes [ ] No [ ] If yes, give date of offense, name of court, and disposition of case:  
\_\_\_\_\_
5. **Street Address** of the Proposed Business: \_\_\_\_\_  
[ ] Above ground [ ] Street or Ground floor level [ ] Basement
6. If you rent or lease, or intend to rent the location where the business is now or will be located: {You must fill a Property Owner(s) Authorization Form}
- (a) If the premises where the business is to be located are rented or leased, state name of leaser or property owner and his address:  
\_\_\_\_\_
- (b) Name and description of any other business being transacted on same property:  
\_\_\_\_\_  
\_\_\_\_\_
7. Is your rental of the premises based on a percentage of the receipts of business?  
[ ] Yes [ ] No If yes, give details: \_\_\_\_\_
8. Is your rental contingent upon the amount of business done or to be done?  
[ ] Yes [ ] No If yes, give details: \_\_\_\_\_
9. If the license applied for is granted or renewed, do you agree to abide by all ordinances of the City of Statham and Laws of the State of Georgia and Federal Government relating to the use, possession, transportation, sale of beverages, and other laws of said entities as relate to the peace and good order thereof? [ ] Yes [ ] No
10. Name of holder of master held in accordance with O.C.G.A. § 50-27-71? \_\_\_\_\_  
\_\_\_\_\_ Permit No. \_\_\_\_\_
11. Do you or any other person or persons associated with you hold any Game Room License in Barrow County? [ ] Yes [ ] No  
If yes, give location of business holding such license(s): \_\_\_\_\_  
\_\_\_\_\_

12. Does any person have any interest in this business as a silent, undisclosed partner or joint venture?  Yes  No If yes, give name and address of such person and his/her interest: \_\_\_\_\_
13. Have you agreed to split the profits or receipts from this business with any person, firm, company, or corporation?  Yes  No If yes, give name of person or firm and the amount of profits or receipts to be split: \_\_\_\_\_
14. Do you understand that any false statement or answer made by any applicant will subject the offender to prosecution and will be grounds for revoking a license, if granted or renewed?  Yes  No
15. Have you ever applied for a game room license from the City of Statham, Barrow County, or other County within the State of Georgia, or other State and been denied such?  Yes  No If yes, give details: \_\_\_\_\_
16. Have you or any company you are interested in as a partner, stockholder, officer, or director ever been sued by the United States Government for a violation of the Internal Revenue Laws related to gambling, gaming, or other amusement game regulation?  Yes  No If yes, give details: \_\_\_\_\_

The undersigned swears on oath that the foregoing answers and statements made by him or her are true and correct.

**APPLICANT**

BY: \_\_\_\_\_  
 Individual; if a corporation indicate office; if a partnership, indicate if a partner

Sworn to and subscribed before me,  
 This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 Commission expires: \_\_\_\_\_

(Seal)

I, \_\_\_\_\_ being the \_\_\_\_\_ (Title) of the business firm named, do hereby register to operate said business the applicant intends to conduct.

Type of Business \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

According to the classification index of the occupation tax ordinance of Statham, Georgia, the undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for the business license, including the accompanying schedules and statements, and that the same are true. I understand, if issued, the business license may be revoked at any time should I fail to meet all requirements of the Occupational Tax Ordinance and Alcohol Ordinance of the City of Statham.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Return the following items along with this completed application:**

1. Copy of valid driver's license
2. Copy of State of Georgia Business Registration
3. Private Employer Affidavit
4. SAVE Affidavit
5. Fingerprint Work Order after Completed by BCSO
6. Distance Waiver Permit, if applicable
7. Copy of Master License
8. All application fees, including regulatory, and investigative and administrative fees

**\*The applicant must not be less than 21 years of age and must be a resident of Barrow County for not less than six consecutive months before filing the application unless the applicant specifically designates a resident of Barrow County who has resided within the County for at least six months before filing the application, which resident shall be responsible for any matter relating to the license.**