



DEVELOPMENT SERVICES

GAME ROOM LICENSE APPLICATION

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

**Business Address:** \_\_\_\_\_

**Attach true and correct copy of the registration** of the applicant's assumed name filed in the office of the county clerk, bearing the file mark or stamp that evidences its filing.

**Number of Amusement Redemption Machines to be licensed?** \_\_\_\_\_

Amusement Machine Serial Numbers:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attach floor plan** of the game room interior, depicting the layout of the amusement redemption machine game room interior specifically including, but not limited to, the location of all amusement redemption machines, coin-operated machines or devices, the manager's station, restroom facilities, kitchen and bar facilities, if any, and all areas to which patrons will not be permitted.

**Attach site plan** showing required parking.

Legal Description of Property: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Zoning: \_\_\_\_\_ Date of City Council Approval: \_\_\_\_\_

Is the business a corporation? Yes/ No Partnership? Yes/ No

Name Registered with Texas Secretary of State: \_\_\_\_\_

Include name of corporate officers or general and limited partners below.

**Applicant:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Has the applicant had a game room license revoked within the last two years? Yes No

Employment for the past five years:

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Has the applicant been convicted of any crime related to a game room?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_ Penalty: \_\_\_\_\_

**Other Parties with an Ownership Interest in the Game Room:**

Name: \_\_\_\_\_ Partner/ Corporate Officer

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Initials

Date

Ordinance Number 21500-10-2014

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Has this person had a previously held game room license revoked within the last two years?  
Yes                      No

Employment for the past five years:

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Has this person been convicted of any crime related to a game room?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_ Penalty: \_\_\_\_\_

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Name: \_\_\_\_\_ Partner/ Corporate Officer

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Has this person had a previously held game room license revoked within the last two years?  
Yes                      No

Employment for the past five years:

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Has this person been convicted of any crime related to a game room?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_ Penalty: \_\_\_\_\_

Add additional sheets if necessary to provide information for all parties with an ownership interest.

**Property Owner**

Same as Applicant?

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Business Operator**

Same as Applicant?

Name: \_\_\_\_\_ Partner/ Corporate Officer

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Has this person had a previously held game room license revoked within the last two years?

Yes                      No

Employment for the past five years:

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Has this person been convicted of any crime related to a game room?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_ Penalty: \_\_\_\_\_

**Emergency Contact Available After Hours**

Same as Applicant?

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

All persons with an ownership interest in the business and the business operator sign and have notarized the statement below:

I attest that all of the facts contained in the application are true and correct; that the amusement redemption machines are not and will not be used as gambling devices; that the location and operation of the game room will not violate any applicable deed restrictions; and that the game room will be operated in accordance with all laws. By signing this application, I hereby authorize the City of Fort Worth Chief of Police, or his designated staff, to request a criminal background check regarding myself from the Texas Department of Public Safety and any appropriate federal agency for the release to the City of Fort Worth for the purpose of this application and hereby release the City from any claims as a result of this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Before me, undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person who signed this foregoing application and, duly sworn by me, stated under oath that he/she has read the said application and all of the facts therein set forth are true and correct.

Sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public in and for Tarrant County, Texas

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Before me, undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person who signed this foregoing application and, duly sworn by me, stated under oath that he/she has read the said application and all of the facts therein set forth are true and correct.

Sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public in and for Tarrant County, Texas

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public in and for Tarrant County, Texas

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Before me, undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person who signed this foregoing application and, duly sworn by me, stated under oath that he/she has read the said application and all of the facts therein set forth are true and correct.

Sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public in and for Tarrant County, Texas