



PALMDALE  
*a place to call home*

**GAME ARCADES AND COIN-OPERATED GAMES  
PERMIT APPLICATION**

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

(If a Corporation, the name shall be as set forth in its Articles of Incorporation)

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

Business Telephone number: \_\_\_\_\_

If the business is advertised to the public and operates under a name other than the name of the applicant, list such other name or designation: \_\_\_\_\_

If a corporation, the names and addresses of all directors, any stockholder holding ten (10%) percent or more of the shares, and the name and address of an officer who is duly authorized to accept service of legal process. \_\_\_\_\_

A full description of the intended business activity and, if a new business, the estimated starting date of such business activity: \_\_\_\_\_

State the exact location within the business establishment where the game arcade or coin-operated machines will be located: \_\_\_\_\_

The number of coin-operated machines for which a permit and license is being applied for: \_\_\_\_\_

The names, addresses and telephone numbers of at least two (2) individuals who may be contacted by the City in case of an emergency: \_\_\_\_\_

**OPERATING REQUIREMENTS:**

1. Manager Required - A game arcade permittee shall employ a person on the premises to act as manager at all times during which the arcade is open. Such manager shall be permitted to Section 5.04.050.
  
2. Visibility of Interior - The permittee shall maintain the interior premises of the game arcade in a manner such that it is clearly visible from the entrance to the establishment in which the game arcade is located. Notwithstanding subsection 2.a., if the game arcade is located in a physically segregated portion of the premises, the permittee shall maintain its interior in a manner such that it is clearly visible from the entrance into the game arcade.

**I declare under penalties of perjury that this application is true and correct to the best of my knowledge and belief.**

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Signature	Title	Date
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**OFFICE USE ONLY**

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

Receipt: # \_\_\_\_\_ By: \_\_\_\_\_

**SPECIAL CONDITIONS PLACED:** \_\_\_\_\_

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Los Angeles County Sheriff's Department: \_\_\_\_\_  
Signature Date

Director of Planning: \_\_\_\_\_  
Signature Date