

City Hall  
760 Chestnut Street  
Coshocton, OH 43812  
740-622-1465



Mark Mills  
Mayor  
Max Crown  
Safety-Service Director

## MECHANICAL AMUSEMENT DEVICE LICENSE APPLICATION

Name of applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_

Description of manner in which device is played including the object of the game, contest or  
amusement: \_\_\_\_\_

Name of device: \_\_\_\_\_ Serial # \_\_\_\_\_

Name of manufacturer \_\_\_\_\_ Model # \_\_\_\_\_

Address \_\_\_\_\_ Photo of machine \_\_\_\_\_  
- Please attach

Name of owner/s of devices \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ SS # \_\_\_\_\_

I affirm that the above information is true and accurate. I also agree to abide by the rules and regulations set forth  
in City of Coshocton Code of Ordinances Chapter 705: Mechanical Amusement Devices.

\_\_\_\_\_  
Signature of applicant Date \_\_\_\_\_

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### FOR CITY USE ONLY

\_\_\_\_\_ (y/n) request a certified copy of report by Independent Testing Laboratory or qualified expert

\_\_\_\_\_ license # \_\_\_\_\_ Fee paid - \$300.00 \_\_\_\_\_ Photo attached

\_\_\_\_\_ Approved \_\_\_\_\_ Not approved

\_\_\_\_\_  
Mayor/Service Director