



# City of Canton

201 N. Buffalo, Canton, TX  
75103

(903) 567-1841 – Phone  
(903) 567-1793 – Fax

## AMUSEMENT REDEMPTION MACHINE GAME ROOM LICENSE APPLICATION

All the definitions and provisions contained in the regulations are hereby incorporated in this application by reference.

Original Application: \_\_\_\_\_ Renewal: \_\_\_\_\_

Address to be permitted: \_\_\_\_\_

### Applicant Information

#### If Applicant is a Natural Person:

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

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

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If more than one person owns 25 per cent or more interest in the game room location, applicant must provide the name, address, telephone number and driver's license number for all persons by attaching said information to this application.

#### If Applicant is not a Natural Person:

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

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

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

FEIN: \_\_\_\_\_ Email: \_\_\_\_\_

If the Applicant does business under an assumed name, the trade name by which the Applicant does business and a true and correct copy of the registration of the Applicant's Assumed Name Certificate filed in the office of the County Clerk, bearing the file mark or stamp that evidences this filing.

If incorporated, provide the name of the business and name and address of the registered agent filed with the Texas Secretary of State:

\_\_\_\_\_  
\_\_\_\_\_

Provide the following information for each corporate officer:

Name/Title	Address	Telephone Number	D/L - State

If a partnership, provide the name, address, telephone number and driver's license number of each of the general and limited partners by attaching said information to this application:

Name	Address	Telephone Number	D/L - State

Name of owner of the premises where the business is located? \_\_\_\_\_

If you are not the owner of the premises, please furnish the following:

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

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

Email: \_\_\_\_\_

Are you/Will you be the operator of the premises to be permitted? **Yes** **No**

If you are not operator of the premises, please furnish the following regarding the individual(s) operating the premises:

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

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

Email: \_\_\_\_\_

Please provide the following information for an emergency contact person who can be reached after hours:

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

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

Email: \_\_\_\_\_

Number of Amusement Redemption Machines to be Permitted (maximum 20) \_\_\_\_\_



---

**Incomplete Applications shall NOT be accepted**

Date Application Received: \_\_\_\_\_  
Inspection Completed: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
Inspected By: \_\_\_\_\_

<input type="checkbox"/>	Application Complete
<input type="checkbox"/>	Floor Plan Received
<input type="checkbox"/>	Serial Numbers Provided
<input type="checkbox"/>	Verification Signed
<input type="checkbox"/>	Fee Paid

Application Approved      **YES**      **NO**

Date of Approval: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

**Inspection:** Once a complete application has been received, along with the required information, an inspector may conduct an inspection of the proposed Game Room and the amusement redemption machines to ensure compliance with the Regulations. The Applicant must be present during these inspections.

**Duty to Comply:** If you are issued a permit to operate a Game Room pursuant to the Regulations, you have a duty to comply with all the provisions. Any violation of the Regulations can result in suspension or revocation of your Game Room permit.

---

**Verification**

Applicant hereby acknowledges and verifies the following:

1. I have read, fully understand and agree to comply with the City of Canton Game Room Regulations set forth in Ordinance 2018-29 or any amendments thereto, (hereinafter referred to as the "Regulations."
2. The amusement redemption machines located on the premises set forth in this Application are not and will not be used as gambling devices.
3. The location and operation of the Game Room will not violate any applicable deed restrictions.
4. The Amusement Redemption Game Room will be operated in accordance with all laws.
5. I understand making a misleading statement on the Application or providing false, fraudulent or untruthful information or/withholding pertinent information will result in denial or revocation of the Game Room permit pursuant to the Regulations;
6. I swear and affirm that all the information provided in this Game Room Application is true and correct under the penalty of perjury as defined under Section 37.02 of the Texas Penal Code.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name of Applicant

State of Texas                    §  
    §  
 County of \_\_\_\_\_ §

BEFORE ME, the undersigned Notary Public, on this day personally appeared by me duly sworn, \_\_\_\_\_, the Applicant and the Owner/Operator of the Game Room located at \_\_\_\_\_, and on his/her oath deposed, said that he/she swears that (1) he/she has read the above acknowledgements, fully understands the above acknowledges, and swears that they are true and correct as they pertain to this Game Room Application; 2) the information provided in the Application is true and correct; and 3) all pertinent information has been disclosed in making the Game Room Application.

SUBSCRIBED AND SWORN TO BEFORE ME on the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, to certify which witness my hand and official seal.

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name of Notary