



Arcade Tax Survey Form

Please provide the City of Byron the most current and accurate information on your business regarding amusement arcade and devices. Your arcade license approval will be based on the information given and such forms are subject to audit.

Section 1:

Business Information:

Business Name: _____

Business Address: _____

Business Phone Number: _____

Section 2:

Applicant and/or Interested Party Information: Please complete all information on all interested parties.

Applicant Name: _____ Date of Birth: _____

Address: _____

Cell Number: _____ Home Number: _____ Social Sec #: _____

Have you been convicted of any felony or misdemeanor? _____

Are you, your spouse or any household member an employee of the Byron Police Department? _____

Interested Party #1: _____ Date of Birth: _____

Address: _____

Cell Number: _____ Home Number: _____ Social Sec #: _____

Have you been convicted of any felony or misdemeanor? _____

Are you, your spouse or any household member an employee of the Byron Police Department? _____

Interested Party #2: _____ Date of Birth: _____

Address: _____

Cell Number: _____ Home Number: _____ Social Sec #: _____

Have you been convicted of any felony or misdemeanor? _____

Are you, your spouse or any household member an employee of the Byron Police Department? _____

Interested Party #3: _____ Date of Birth: _____

Address: _____

Cell Number: _____ Home Number: _____ Social Sec #: _____

Have you been convicted of any felony or misdemeanor? _____

Are you, your spouse or any household member an employee of the Byron Police Department? _____

Section 3:

Number of Machines: _____

\$10.00 per machine for first 9 machines: \$ _____

PRINTED NAME

SIGNATURE

DATE

Please return completed form to the Administration Department for signature of the City Clerk. Your application will then be forwarded to the Police Chief for inspection and authorization.

SIGNATURE OF CITY CLERK-TELINA ALLRED

DATE

SIGNATURE OF POLICE CHIEF-WESLEY CANNON

DATE