



2025 COIN-OPERATED AMUSEMENT MACHINE LICENSE APPLICATION

BUSINESS NAME & CONTACT INFORMATION				
Business Name/DBA				
Location Address				
Suite/Unit	City	State	Zip	
Bus Telephone	Bus Fax	Email		
Mailing Address				
Suite/Unit	City	State	Zip	
Business Type Machines are Located in <input type="checkbox"/> Grocery Store <input type="checkbox"/> Convenience Store <input type="checkbox"/> Other _____				
CORPORATE BUSINESS INFORMATION				
Corporate Name				
Corporate Address	Suite	City	State	Zip
Corporate Telephone	Principal Officers			
BUSINESS OWNER ADDITIONAL INFORMATION				
Federal ID (FEIN)	GA Sales Tax ID	SSN (If No FEIN)		
Estimated Machine Gross Receipts		Number of Employees		
MACHINE OWNER INFORMATION				
Owner's Name				
Owners Address	Suite	City	State	Zip
Telephone	Fax	Email		
AMUSEMENT MACHINE INFORMATION				
Number of Machines at above location		Master License Received <input type="checkbox"/> Yes <input type="checkbox"/> No		
List each machine type and decal number for each machine to be maintained on the premises.				
Machine Type	State Decal #	Machine Type	State Decal #	
Machine Type	State Decal #	Machine Type	State Decal #	
Machine Type	State Decal #	Machine Type	State Decal #	
* Limit of 6 Class B Machines allowed. <input type="checkbox"/> Attached a True and Correct Copy of State License issued for each machine.				
The Coin Operated Amusement Machine Application is due on/before December 31, concurrent to the Occupational Tax Renewal. Businesses must comply with all City of Clarkston Ordinances and the Coin Operated Amusement Machines Ord. Article IV.				
I hereby certify under penalty of perjury that the information provided herein on this application of the coin operated amusement machines is to the best of my knowledge and belief, a true and complete statement. I further certify that I have not been convicted of a crime of moral turpitude within the past two years and I have never been found guilty of violating any state law concerning gambling or coin-operated amusement machines.				
_____ Signature	_____ Printed Name of Applicant	_____ Title	_____ Date	
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____				
_____ NOTARY PUBLIC My Commission Expires:				
_____ Signature – (Confirm applicant has affidavit for current year) _____ Date				

Applicant must attach a true and correct copy of the state license issued for each Coin-Operated Amusement Machine. Return form to City of Clarkston, Attn: COAM License, 1055 Rowland Street, Clarkston, GA 30021