

Gaming License Application

FEE: 100.00

Name of business:	
Business owner name:	
Address:	
Telephone number(s):	
Person responsible for the daily operation of this	s business:
Address:	
Telephone number(s):	
Days and hours business is open:	
I hereby certify that the above statements are true to	the best of my knowledge and belief.
APPLICANT	DATE
Witness of Licensing Board or Notary Public	Date of Witness or Notary Expiration