



DANIEL HARRIGAN, MAYOR

CITY OF AKRON
TREASURY/LICENSE DIVISION
166 S HIGH ST, ROOM 505
AKRON OH 44308
(330) 375-2484

ARCADE LICENSE APPLICATION
(Please Print)

BUSINESS NAME _____ CITY OF AKRON INCOME TAX # _____

BUSINESS LOCATION _____ PHONE # _____

NAME OF APPLICANT _____ TITLE _____

ADDRESS OF APPLICANT _____ PHONE # _____

NUMBER OF MACHINES/POOL TABLES _____

OWNER OF MACHINES/POOL TABLES _____

NAME	ADDRESS	PHONE #

NAME	ADDRESS	PHONE #

IF PARTNERSHIP OR CORPORATION, LIST OFFICERS/PARTNER:

NAME	ADDRESS	PHONE #

NAME	ADDRESS	PHONE #

NAME	ADDRESS	PHONE #

EMPLOYEE INFORMATION:

NAME	ADDRESS	PHONE #

DATE OF BIRTH	SOCIAL SECURITY #

NAME	ADDRESS	PHONE #

DATE OF BIRTH	SOCIAL SECURITY #