



# COIN-OPERATED AMUSEMENT DEVICE LICENSE APPLICATION

BALTIMORE COUNTY, MARYLAND  
DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS  
111 WEST CHESAPEAKE AVENUE, ROOM 101  
TOWSON, MARYLAND 21204  
410-887-3616

LICENSE FEE PER DEVICE:  
\$1,125.00 for Simulated Gaming Device  
\$ 225.00 for all other amusement devices  
50% late fee for renewals after January 31  
Checks made payable to:  
Baltimore County, MD

APPLICATION FOR LICENSE OF A COIN-OPERATED AMUSEMENT DEVICE MAINTAINED FOR OPERATION BY THE PUBLIC FOR AMUSEMENT PURPOSES  
IT IS THE OBLIGATION OF THE LICENSEE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE AND ALL OTHER GAMBLING LAWS.  
COIN-OPERATED AMUSEMENT DEVICE LICENSES ARE NOT TRANSFERABLE BETWEEN LOCATIONS. THE LICENSE(S) MAY NOT BE TRANSFERRED TO ANOTHER DEVICE.

**LOCATION INFORMATION** - to be completed by Proprietor/Owner or Officer of location, please PRINT or TYPE all information except signatures

New Location (1<sup>st</sup> time for devices at this location): No  Yes  Renewal: No  Yes  Type of business and/or principal use \_\_\_\_\_  
Indicate Changes: Principal use interior floor Area: \_\_\_\_\_ square feet (excluding storage areas). Zoning approval must be obtained for new locations, change of business type, or existing locations requesting additional devices.  
Trade Name: No  Yes  If yes, Former Trade Name \_\_\_\_\_  
Ownership: No  Yes  If yes, Former Owner \_\_\_\_\_

TRADE NAME OF BUSINESS \_\_\_\_\_ PHONE \_\_\_\_\_

LEGAL NAME (name Registered with Maryland Department of Assessments and Taxation) \_\_\_\_\_

ADDRESS (where devices are located) \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING NAME & ADDRESS (if different from location) \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TYPE OF OWNERSHIP:  Individual  Corporation  Partnership  LLC Other (specify) \_\_\_\_\_

INDIVIDUAL OWNER/OFFICER(S) \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
(Attach separate list for additional names & addresses)

RESIDENCE (address, city, state) \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I hereby certify, under the penalties of perjury, that the information herein is true and correct. I further understand that any violation of Baltimore County Code Article 21, Title 4 Sections 21-4-201 through 21-4-209 may result in the suspension, revocation or non-renewal of the license(s) and upon conviction that I shall be subject to fines and/or imprisonment.

OWNER/OFFICER \*SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
\*Original signature, sign in blue ink

**REGISTRATION INFORMATION** - to be completed by owner of device(s), if different from owner of location

VENDING BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Is this vending business owned by an:  Individual  Corporation  Partnership  LLC Other (specify) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF OWNER/OFFICER(S) \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OWNER/OFFICER \*SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
\*Original signature, sign in blue ink

**COIN-OPERATED AMUSEMENT DEVICE INFORMATION**

Use page 2 of application for additional devices, request more forms as needed

TYPE OF DEVICE (describe specific poker or similar games)	SIMULATED GAMING DEVICE Yes/No	SERIAL NUMBER EACH DEVICE	Month / Year (device placed in location)	OFFICE USE ONLY	
				License No.	Fee Paid (each device)

**ZONING APPROVAL/INFORMATION/ (410-887-3391)**

Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ Type of Zoning \_\_\_\_\_ Maximum No. of Devices Allowed \_\_\_\_\_ Zoning Hearing Case No. \_\_\_\_\_

If disapproved, state reason(s) why \_\_\_\_\_

Reviewer's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Cash Receipt Date \_\_\_\_\_ Cash Receipt No. \_\_\_\_\_ No. of Licenses (this page) \_\_\_\_\_

License Year \_\_\_\_\_ Date Issued \_\_\_\_\_ Total Paid (all pages) \_\_\_\_\_ Total No. of Licenses (all pages) \_\_\_\_\_

License Numbers Range (this page) Start \_\_\_\_\_ End \_\_\_\_\_ Logged in ledger (initials) \_\_\_\_\_

Date Entered into Computer \_\_\_\_\_ By \_\_\_\_\_

