



7887 East 60<sup>th</sup> Avenue  
 Commerce City, Colorado 80022  
 Phone (303) 227-8854 / Fax (303) 227-8859  
 www.c3gov.com

*Please check one of the following:*

- New Account**
- Renewal (if renewal, please indicate your account number):** \_\_\_\_\_

**License expires: Every December 31**

## Amusement License

**Fees non-refundable**

\_\_\_\_\_ **Amusement Arcade** (20 or more devices or primary purpose of business) Hours of operation: weekdays 8:00 a.m. to 10:30 p.m., Friday and Saturday 8:00 a.m. to 11:30 p.m. and not before 2:00 p.m. when the public schools are in session.

- Fee: \$200.00
- Machine Fee: \$75.00 X \_\_\_\_\_ (# of machines) = \$ \_\_\_\_\_
- Insurance of \$100,000 per person & \$300,000 per incident
- CBI Criminal History Report – *new* licensee only
- Written proof in the form of a lease, deed, or other documentation for right of applicant to occupy the premise.
- To go before city council after approval from City staff.
- List of machine(s) and location(s).

\_\_\_\_\_ **Amusement Operation** (19 or less devices & not primary purpose of business) No restriction upon hours of operation: provided, however, for an amusement operation including an amusement arcade that has for sale on its premises liquor by the drink it may be determined to impose reasonable restrictions upon the hours of operation.

- Machine Fee: \$75.00 X \_\_\_\_\_ (# of machines) = \$ \_\_\_\_\_
- Insurance of \$100,000 per person & \$300,000 per incident
- Written proof in the form of a lease, deed, or other documentation for right of applicant to occupy the premise.
- List of machine(s) and location(s)

\_\_\_\_\_ **Billiards** - \$25.00 X \_\_\_\_\_ (# of tables) = \$ \_\_\_\_\_

\_\_\_\_\_ **Bingo, Racing, & etc (Public Amusement)** - \$25.00 per year or \$5.00 per day

\_\_\_\_\_ **Bowling Alley** - \$25.00 X \_\_\_\_\_ (# of lanes) = \$ \_\_\_\_\_

\_\_\_\_\_ **Cabaret** - \$300.00 & CBI Criminal History Report for **new** licensee

\_\_\_\_\_ **Carnival, Circus & Tent Show** - \$100.00 per day, \$1,000 bond & insurance of \$100,000 per person & \$300,000 per incident

\_\_\_\_\_ **Dance Hall/Theatre** - \$30.00 & CBI Criminal History report for **new** licensee

\_\_\_\_\_ **Spa** - \$200.00, \$1,000 bond & insurance of \$100,000 per person & \$300,000 per incident

**Business Information**

Trade Name of Business (D/B/A): \_\_\_\_\_  
 Taxpayer Name (owner, partners or corporate name): \_\_\_\_\_  
 Location Address of Business: \_\_\_\_\_  
 Commerce City Business Address (if different than above address): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Business Telephone Number: \_\_\_\_\_

**Ownership Information**

**Indicate Type of Ownership:**  
 \_\_\_\_\_ Individual    \_\_\_\_\_ LLC    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation    \_\_\_\_\_ Non Profit 501(c)(3)

(1) Owner/Corporate Officers/Partners Name: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security # (Federal Employer # if applicable): \_\_\_\_\_

Address (Residence or P.O. Box, Street, City, State & Zip): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

(2) Owner/Corporate Officers/Partners Name: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security # (Federal Employer # if applicable): \_\_\_\_\_

Address (Residence or P.O. Box, Street, City, State & Zip): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**If additional space is needed for owners, corporate officers or partners, please attach a separate sheet.**

(1) Have you ever been convicted of a felony, misdemeanor, or ordinance violation in any state? (exclude traffic violations)  
 Yes       No      If yes, please give full details, including nature of offense and punishment or penalty.

\_\_\_\_\_

(2) Have you ever had, or is there now pending against you, a judgment or conviction for fraud, deceit, or misrepresentation?  
 Yes       No      If yes, please give full details.

\_\_\_\_\_

(3) Please state the length of time for which the right to do business is desired.

Beginning Date: \_\_\_\_\_ &      Ending Date: \_\_\_\_\_

(4) What are the proposed hours of operation? \_\_\_\_\_

(5) Please list the type of supervision that the applicant will be providing *amusement operation, supervision of the premises must be provided by an employee of the business where the amusement machines are located who shall be an adult at least eighteen (18) years of age and responsible for the amusement operation. If the amusement arcade has forty (40) or more amusement machines, supervision shall be provided on the premises during all hours of operation by as least two (2) adults at least twenty-one (21) years of age who shall be responsible for and in charge of the operation.* (include number of managers): \_\_\_\_\_

(6) If this application is for amusement machines, please list the total space available for machines. \_\_\_\_\_

**Please provide written proof in the form of a lease, deed or other documentation that will establish the right for the applicant to occupy the premise.**

I hereby declare that I will comply with all of the requirements of the ordinances and regulations of the City of Commerce City and that, under penalty of perjury, the statements and documents constituting a part of this application are true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
 (Applicant's Signature)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Date)

**CITY USE ONLY**

Department	Action	By	Date
Police	_____	_____	_____
Zoning	_____	_____	_____
Finance Director	_____	_____	_____
Other	_____	_____	_____