City of Anderson
Amusement Location/Machine Renewal Application
(Please Print)

Name and address of Amusement Location:_____

_____

Name and telephone number of Manager: _____

_____

Name and Address of Master Vendor(s):_____

_____

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	Total	Permit #
Number of Pool Tables		
Number of Shuffleboards		
Number of Dart Machines		
Number of Amusement Machines		

I certify to the best of my knowledge that the above information is true and correct.

_____ Date_____

Manager's Signature

Application Approval

_____ Date_____

City Controller

If there are any significant changes from last year please note below.

_____

_____

_____

Fax Form To: 765-648-5902 Attn: Shari Price