

**CITY OF ANDERSON MASTER VENDOR APPLICATION**  
(PLEASE PRINT)

PERMIT # \_\_\_\_\_

NAME AND ADDRESS OF MASTER VENDOR: \_\_\_\_\_  
\_\_\_\_\_

NAME OF APPLICANT (IF CORP. OR BUSINESS INCLUDE NAME OF PRESIDENT OR PARTNER): \_\_\_\_\_

HOME ADDRESS OF APPLICANT: \_\_\_\_\_

STATE IN WHICH CORPORATION ORGANIZED: \_\_\_\_\_

DATE OF BIRTH AND CITIZENSHIP OF APPLICANT: \_\_\_\_\_

OFFICERS/PARTNERS NAME & ADDRESS	DATE OF BIRTH	CITIZENSHIP
_____	_____	_____
_____	_____	_____

NAME AND ADDRESSES OF AMUSEMENT LOCATIONS:


HAVE YOU EVER HAD AN AMUSAEMENT MACHINE PERMIT REVOKED? \_\_\_\_\_

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
DATE

**APPLICATION APPROVED**

\_\_\_\_\_  
CITY CONTROLLER

\_\_\_\_\_  
DATE