



City of Rochester
 DEPARTMENT OF CODE ENFORCEMENT
 31 Wakefield Street-Rochester, NH 03867
 (603) 332-3508 Fax (603) 332-8601

PINBALL MACHINES/ VIDEO GAMES/ MECHANICAL DEVICES LICENSE APPLICATION

NAME OF APPLICANT: _____ TELEPHONE _____

LEGAL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

Have you ever been convicted of a crime or misdemeanor _____
 If so, what for: _____

NAME OF BUSINESS: _____ TELEPHONE _____

LOCATION: _____

MAILING ADDRESS: _____

DESCRIPTION: (FOR MORE THAN ONE GAME OR MACHINE USE THE SUPPLEMENTAL FORM)

CRANE MACHINE: _____ MFG: _____ SER # _____

KIDDIE RIDES: _____ MFG: _____ SER # _____

VIDEO/ PINBALL: _____ MFG: _____ SER # _____

I agree to comply with all rules and regulations pertaining to the City Ordinance adopted by the City of Rochester and all State Statutes, where applicable, pertaining to the license applied for.

 Date

 Signature

OFFICIAL USE ONLY

Approved:
 City Council _____
 Zoning Board: _____
 Miscellaneous: _____
 Date of Issue: _____
 License Number: _____
 Amount Paid: _____

LICENSING BOARD APPROVAL

 City Manager

 Police Chief

 Fire Chief

 Code Enforcement Officer

RELEASE OF INFORMATION AUTHORIZATION

NAME: _____

D.O.B. _____

S.S.N. _____

This is to certify that I am applying for a license from the City of Rochester.

In connection with this application I hereby authorized the Rochester Police Department to conduct a criminal record check for the purpose of this application. The results to be forwarded to the Chief of Police or his designee, for review and disposition. This information will be kept in the strictest confidence, and no other agency will have access to same without written permission from me.

I understand that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of or resulting from the release of this information.

I am willing that a photostat of this authorization be accepted with the same authority as the original.

APPLICANT SIGNATURE: _____ DATE: _____

WITNESSED BY: _____ DATE: _____

Applicant Note:

You may refuse to sign this authorization, however all processes related to any application you are filing shall cease and be void without release being signed.

