| PACIFICA POLICE DEPARTMENT<br>ARCADE PERMIT APPLICATION | |
|---|---|
| | OFFICE USE - DO NOT WRITE HERE |

| Last Name | First Name | Middle Name | Date of Birth |
|---|---|---|---|
| Home Address | City | State | Zip |
| Driver's License # | Social Security # | Home Phone # | |

IF MORE THAN ONE OWNER/PARTNER, COMPLETE A SEPARATE APPLICATION FOR EACH.
Indicate number of applications submitted ☐

| Name of Business | | Type of Business | |
|---|---|---|---|
| Address of Business | | Phone Number | |
| Owner's Name (If different from above) | | Date of Birth | |
| Address | City | State | Zip Code |
| Driver's License # | Social Security # | Home Phone # | |

| Machine Owner/Supplier | | Phone Number | |
|---|---|---|---|
| Address | City | State | Zip Code |
| Driver's License # | Social Security # | Home Phone # | |

1. How many machines will be used? _____
2. Hours of operation for machines? _____
3. Hours of operation for business? _____
4. Has applicant been convicted of any crime? ☐ Yes ☐ No

   IF YES, EXPLAIN _____

   _____
5. Has applicant previously been denied any permit or license? ☐ Yes ☐ No

   IF YES, EXPLAIN _____

   _____

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

| SIGNATURE | DATE |
|---|---|
| | |