

OFFICE OF GRANT MANAGEMENT
AMUSEMENT LICENSE APPLICATION PROCEDURE

This is an application for a license to operate amusement devices In Washington County as defined by the Annotated Code of Maryland, §17-444.

Before an application will be processed the applicant (or other person where indicated) must:

1. Fill out the application completely. **Any incomplete items will prevent the application from being processed.**
2. Attach a notarized AMUSEMENT LICENSE APPLICATION PRIOR RECORD AFFIDAVIT for the applicant, if applicant is a sole proprietorship; for each partner, if the applicant is a partnership; or for each officer, if the applicant is a corporation, unincorporated association, or other legal entity.
3. Submit payment of \$25.00 for license issuance fee, AND, \$100 per coin operated device with your application. **Make check payable to the “Washington County Treasurer.”**
4. Attach an enlarged copy of the driver’s license for the applicant, if applicant is a sole proprietorship; for each partner, if the applicant is a partnership; or for each officer, if the applicant is a corporation, unincorporated association or other legal entity.
5. If the applicant is subject to taxes, attach a copy of a paid tax bill(s) for the current fiscal year or certification(s) by the State, County, and municipality (as applicable) that all income and real and personal property taxes (including current fiscal year) have been paid.
6. A corporation, limited partnership, limited liability partnership, and limited liability company must be incorporated with the State Department of Assessments and Taxation, and your status with the agency must be in “Good Standing” as indicated by the SDAT database. Any deviation from this status must be rectified prior to obtaining a license.
7. Attach a completed-signed AMUSEMENT LICENSE APPLICATION STATEMENT.
8. Please type or print the application in ink. Illegible applications will not be accepted.

FALSE, OMITTED, OR MISLEADING INFORMATION PROVIDED IN THIS APPLICATION WILL CONSTITUTE GROUNDS FOR DENYING A LICENSE.

The completed application with all required attachments should be submitted to **Office of Grant Management, 100 W. Washington Street, Room 2200, Hagerstown, MD 21740. For more information call 240-313-2040.**

OFFICE OF GRANT MANAGEMENT
AMUSEMENT DEVICE LICENSE APPLICATION

Legal name of applicant (individual, corporation, partnership, etc.):

Type of business organization:

Individual Proprietorship Corporation Partnership Limited Liability Company "LLC"

Fire/Rescue Other specify: _____

If applicant's business is conducted under a trade name, state trade name:

Mailing Address:

Physical location address:

Telephone Number (Business):

Daytime Phone Number (Cell):

Contact Person:

Email Address:

State I.D. #

Fed I.D. #

Nature of Business:

List names(s), address(es), and telephone numbers of applicant if applicant is an individual; or if applicant is partnership, of all partners; or if an LLC, of all the members or officers; or if applicant is a corporation, unincorporated association, or other legal entity, of all officers:

Name	Title if Applicable	Address	Phone #'s

I solemnly declare and affirm under the penalties of perjury that the matters and facts contained in the foregoing Amusement Device Application are true and correct to the best of my knowledge, information and belief.

(Signature)

(Print Name)

Position or title: _____
(Must be sole proprietor, partner, or officer)

Date: _____

OFFICE OF GRANT MANAGEMENT
AMUSEMENT LICENSE APPLICATION STATEMENT

As an applicant for a license to operate coin operated amusement devices in Washington County, Maryland, I have read and understood the following:

1. I agree to abide by all regulations pertaining to this license as established by State Statute and the Board of County Commissioners.
2. I may only operate a coin operated amusement device if the operation is on the premises indicated on the permit during normal business hours unless otherwise authorized by the Office of Grant Management.
3. I may only operate a coin operated amusement device if an AMUSEMENT DEVICE PERMIT for each machine is on the premises indicated on the permit during normal business hours
4. This license is not transferable.
5. I agree to allow an agent of the Office of Grant Management to inspect the premises related to the licensing and permitting of each machine.
6. The Office of Grant Management reserves the right to require applicant to supply additional information in the event it believes the information supplied may be inconsistent or contain omissions.

(Signature)

(Print Name)

Position: _____
(Must be sole proprietor, partner or officer)

Date: _____

OFFICE OF GRANT MANAGEMENT
AMUSEMENT PERMIT APPLICATION

Name of Owner _____

Mailing Address _____

Phone _____ Amusement License # _____

A separate permit must be obtained for each individual machine.

	Serial #	Game Description	Location
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Attach additional sheet if necessary. If serial number is not available description of machine will be acceptable.

Submit Payment of \$100 per machine for permits to the Office of Grant Management.

Make checks payable to the "Washington County Treasurer"

OFFICE OF GRANT MANAGEMENT

AMUSEMENT DEVICE APPLICATION

PRIOR RECORD AFFIDAVIT

An affidavit must be completed for each owner or corporate officer of the business or organization. All affidavits must be attached to the license application and must correspond to the names listed in the application itself.

I, _____, solemnly affirm under the Penalties of perjury that I have never been convicted of a misdemeanor involving any gaming or gambling law of the State of Maryland or a felony.

I understand that this information may be checked by a representative of the Washington County Sheriff's Department.

(Signature)

(Print)

(Position)

(Date)

STATE OF MARYLAND COUNTY OF WASHINGTON, to-wit:

I HEREBY CERTIFY, that on this _____ day of _____, 20_____, before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared _____ known to me be (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged the foregoing application to his/her act for the purpose therein contained.

Witness my hand and Notarial Seal.

Notary Public

My Commission Expires: _____

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