



James Turcio
Building Official
Issuing Authority

City of New Haven
BUILDING DEPARTMENT
Permit & License Center

200 Orange Street, 5th Floor ▪ New Haven, Connecticut 06510
www.cityofnewhaven.com



Toni N. Harp
Mayor

BUSINESS LICENSE APPLICATION

License Type: **AMUSEMENT (Devices & Game Rooms)**

Date Application Submitted: _____ Applying as: Individual Manager Owner Partnership

Amusement Business Name: _____

Business Address: _____ **Business Phone:** _____

Name and Address of Principal: _____

Device Distributor Information:

Business Name: _____ **Contact Person:** _____

Business Address: _____ **Business Phone:** _____

Address where device(s) will be displayed or operated: _____

Day(s) and Time(s) of Operation: _____

Describe Type of Device(s) to be used: _____

I, hereby agree to abide by all of the rules and regulations pertaining to **AMUSEMENT (Devices & Game Rooms)** as defined by the City of New Haven Code of Ordinances and applicable Connecticut General Statutes.

Applicant Name: _____ (Last) _____ (First) _____ (Middle)

Residence Address: _____ (Street #) _____ (Street name) _____ (City) _____ (State) _____ (Zip)

Home Phone: _____ Mobile Phone: _____ Sex: Male Female

Social Security# _____ Birth Date: _____ Email: _____

Valid Photo ID# _____ ID Type: _____ Issuing State: _____

Once issued a business license is non-refundable, non-transferable, and is subject to the provisions of the City of New Haven Code of Ordinances and Connecticut General Statutes applicable to the activity for which the license is granted.

By signing this application the Applicant is authorizing the City of New Haven to complete a background check on individuals, partners or officers of the entity to which the business license is issued. The Applicant further certifies that a copy of the City of New Haven Ordinance Rules & Regulations governing this business license has been received.

Signature: _____ Date Signed: _____

Notarized By: _____ Date Signed: _____



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REQUEST FOR CRIMINAL RECORD CHECK

New Applicant **Renewal Applicant**

Last Name **First Name** **Middle**

Date of Birth **Social Security Number**

Address **City** **State** **Zip Code**

Gender: **Race:**
 Male Female Black White Hispanic Asian Other: _____
(Please Specify)

Court Case(s) Pending: Yes No Recently Disposed of on _____
(Date)

Signature Required: _____ **Date:** _____

FOR OFFICE USE ONLY – License Type

Amusement:
 ___ Coin Operated Device(s)/Machine(s) ___ Bowling Alley ___ Distributor/Operator ___
 Game Room(s) ___ Pool Table(s) ___ Street Performance

Broker:
 ___ Antiques ___ Junk Yard ___ Pawn ___ Scrap Metal ___ Precious Metal ___ Second Hand
 ___ Swap Shop

Parking Lot/Garage:
 ___ Parking Lot ___ Garage

Sales:
 ___ Close Out ___ Door to Door ___ Tag Sale ___ Auctioneer ___ Managing Itinerant Vendor
 ___ Outdoor Seating ___ Rooming House

Street Vendor:
 ___ Vendor (Food) ___ Vendor (Peddler/Hawker)



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CERTIFICATION ACKNOWLEDGMENT

I hereby certify that I have read the **Ordinances** and/or **Rules/Regulations** which pertain to **Amusement (Devices & Game Rooms) License** operations for the City of New Haven. I understand that I must comply with these **Ordinances** and/or **Rules/Regulations** at all times or be subject to enforcement actions by the City of New Haven.

I further understand that if the **Amusement (Devices & Game Rooms) License** application is denied by the City of New Haven, I will be entitled to a full refund. However, I fully understand that if I withdraw the application for any other reason, there will be a fifty dollar (\$50.00) administrative processing fee withheld from payment reimbursement. Once issued a permit or license is non-refundable and non-transferable.

NAME (Please print your name. This permit/license is hereby granted to....)

YOUR SIGNATURE

BUSINESS NAME OF PERMIT/LICENSE

DATE