## CONDITIONS OF APPROVAL

Business Tax Account \# $\qquad$ Business Address $\qquad$

1. The business establishment for which the application is made is in compliance with the zoning, building and fire codes for the City of San Jose.
2. There is 300 square feet of internal net leasable area, not including storage areas within the establishment, for each device sought to be approved hereunder. The amusement game devices may be separated from the rest of the business by walls, partition or closeable doors; however, if such separated area has independent outside access, it shall be treated as a separate establishment for purpose of this chapter.
3. No amusement game device shall be located closer than twenty (20) feet from the location of any packaged alcoholic beverages.
4. The use will be conducted in such a manner that it will not create a public or private nuisance so that it will not adversely affect the peace, health, safety, morals or welfare of that community in which it is located.
5. Neither I, nor any person holding any right, title or interest in such in such business establishment nor any principal manager thereof, has been convicted of a crime within the past three years, which is substantially related to the qualifications, functions or duties of the use of amusement game devices in a business establishment.
6. The amusement device(s) for which the license is sought are not intended to be, and will not be, used for any gambling purposes whatsoever.

## I UNDERSTAND THAT THIS PERMIT IS NOT TRANSFERABLE OR ASSIGNABLE.

I hereby accept the above stated conditions, and will follow all rules and regulations pertaining to amusement devises set forth in San Jose Municipal Code Section 6.08. I understand this permit is subject to revocation as provided under Section 6.08.110 of the San Jose Municipal Code.

[^0]
## OWNER'S LIST

| BUSINESS NAME: |
| :--- |
| ACCOUNT \# |

This form must be completed by all amusement permit holders.
List all owners in your business (spouse, partners, corporate officer, trustor/trustee/beneficiary).

|  | OWNER'S NAME | RESIDENCE STREET ADDRESS, <br> CITY, STATE, ZIP CODE | TITLE |
| :---: | :---: | :---: | :---: |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

## LOCATION LISTING

BUSINESS NAME: $\qquad$
BUSINESS TAX ACCOUNT NUMBER: $\qquad$
Please list the names and addresses of all businesses where the devices are to be placed and number of devices at each location.

| Business Name | Business Address |  |
| :--- | :--- | :--- |
|  |  | \# of Devices |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |


[^0]:    I HEREBY DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING INFORMATION GIVEN BY ME IS TRUE AND CORRECT AND THAT THE POLICE REGULATORY PERMIT, IF APPROVED, WILL BE MAINTAINED IN CONFORMITY TO EACH AND EVERY ONE OF THE AFOREMENTIONED CONDITIONS. I ALSO UNDERSTAND NO AMUSEMENT DEVICE CAN BE OPERATED UNTIL POLICE APPROVES SAID PERMIT.

