

Canton Clerk's Office

Charter Township of Canton
Mechanical/Electronic Amusement Device License Application

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

MUST PROVIDE A COPY OF A CURRENT CERTIFICATE OF OCCUPANCY

Device Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Number of Devices on premises _____. Please attach list with name(s) and serial number(s).

If the applicant, officers, or any interested party has engaged in or operated an amusement facility within the last five years, list when, where, and for how long:

I hereby certify that the above information is accurate and that the referenced mechanical/electronic amusement device(s) is (are) in compliance with Canton Township Ordinance Chapter 10, Article III.

Signature: _____ Date: _____

Application Fee: \$50.00 + Device Fee: \$6.00 per device X # of devices _____ =

Total Cost: _____

Building Department: Approve _____ Denied _____ Signature _____

Public Safety: Approve _____ Denied _____ Signature _____

Clerks Signature _____



Clerk's Office
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