



Licensing Division, MS 6006
Department of Inspections and Permits
2664 Riva Road, Annapolis, MD 21401
Telephone: (410) 222-7788
Fax: (410) 222-4488
www.aacounty.org

APPLICATION FOR CLASS 'FA' LICENSE
(9 or more amusement devices in one location)

License Fee: \$5,000.00 (Payable to Anne Arundel County) License Number: FA- \_\_\_\_\_

1. Name of Applicant Phone number
Mailing address Zip code
FAX number E-mail address

2. Applicant is a CORPORATION PARTNERSHIP PROPRIETORSHIP
OTHER:

State or other jurisdiction of incorporation or organization \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_

3. Trade Name, if different from above \_\_\_\_\_

4. Anne Arundel County location

Location manager's name Phone number

5. List the names and addresses of all persons holding or having a financial interest in the ownership of the business and for all officers. GIVE FULL NAME, BIRTH DATE, AND TITLE FOR EACH NAME LISTED. Attach additional sheets if needed.

6. Resident Agent Name Date of Birth

Address Phone

7. Maryland Admission and Amusement Tax Account Number \_\_\_\_\_

8. Maryland Personal Property Tax Account number \_\_\_\_\_

9. Are you licensed in other jurisdictions? Yes No If yes, list those jurisdictions:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

*Please note that the State of Maryland requires evidence of workers compensation insurance or a Certificate of Compliance from the Workers Compensation Commission.*

**Notarized Statement:**

I, the undersigned, hereby apply for a Class FA license in Anne Arundel County, MD and submit the information given herein is true to the best of my knowledge and belief. If the license is issued to me, I will conform to and abide by all the laws of Anne Arundel County governing amusements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of Maryland, County of Anne Arundel

\_\_\_\_\_ being duly sworn, deposes and says that he/she is the individual making the foregoing application for a license; that the answers to the foregoing questions and other statements therein are true to the best of his/her knowledge and belief. Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**For Department Use Only:**

\_\_\_\_\_ State Comptroller

\_\_\_\_\_ County Finance

\_\_\_\_\_ Record Check

\_\_\_\_\_ Zoning Certificate of Use

\_\_\_\_\_ License Inspector Report

\_\_\_\_\_ Initial Application Hearing