

**CITY OF IDAHO SPRINGS
AMUSEMENT DEVICE / DANCE HALL
LICENSE APPLICATION**

Date _____

Applicant _____

Business Name _____

Business Address _____

Mailing Address _____

___ **Amusement Device License**

List types and number of devices to be licensed (pool tables, pinball machines, coin-operated music, tabletop games, etc.)

___ **Dance Hall License**

Location _____

Hours of operation _____

For City Use Only

Application Received Date _____

Fee _____ Paid Date _____

License Issued Date _____

By _____