

## Instructions for Completing the Application Submittal for an ARME

- A. PRINT LEGIBLY or TYPE -- MUST BE ORIGINAL -- MAY NOT BE FAXED
- B. All spaces must be filled out on this application and if a question does not apply please enter N/A in that space. The City reserves the right to deny an application for lack of information or falsifying information. \* Required fields \*
- C. Block 1 & 2. Name of the business as registered with the state and/or DBA. \*
- D. Block 3. Street address where the machines are located. \*
- E. Block 4. Mailing address where all correspondence is to be sent. \*
- F. Block 5. Telephone at the ARME. 5a. The name of the person which may be contacted at all times. 5b. The telephone number of the person which must maintain at all times as a 24-hour contact. \*
- G. Block 6. The company name that owns the ARME or the actual person who owns the ARME. Must own at least 20% of the business. \*
- H. Block 7. Owner name and information. All fields must be completed. \*
- I. Block 8. Applicant or Operator of the ARME if different from the person shown in Block 7. If the operator or applicant is the same as the person shown in Block 7 then cross out the entire Block 8 signifying the person listed in Block 7 is the person who will operate the ARME.
- J. Block 9. The total number of Amusement Redemption Machines (ARM's) located at the premises.\*
- K. Block 10. \*Check boxes. All of these should be checked as any missing documents constitute an incomplete application and will be rejected without review.\*
- L. Block 11. Repeat the name of the establishment.\*
- M. Block 12. Owner (from block 7) information. Must acknowledge if you have been denied a permit or had a permit revoked and list all occupations from the last five years.\*
- N. Block 13. If different than the owner in Block 7, Operator (from block 8) information. Must acknowledge if you have been denied a permit or had a permit revoked and list all occupations from the last five years.
- O. Block 14. Total number of machines located at the establishment.\*
- P. Block 15. Permit fee calculation amount.\* (From the table on page two.) Fee payment must accompany the application.\*
- Q. Blocks 7a. & 7b. Signatures and date the application was signed.\*
- R. Page 3. \*List all persons not listed in block 7 and/or 8 which own more than 25% or more interest in the business; and if a corporation - all corporate officers; and if a partnership all partners; and the property owner; and the manager/operator. Attach additional sheets if necessary. If not other persons go to Block 16. and sign. Draw a line through the rest of the page.
- S. Sheet: \*Authorization For Release Of Personal Information must be completed by all persons listed on the application.
- T. Sheet: \*Sworn Statement of Fact. Must be completed by both the owner and the operator if they are not the same person. DO NOT COMPLETE THE SIGNATURE PORTION AT THE BOTTOM. LEAVE THE DATES AND SIGNATURES BLANK. You must appear in person with proper identification and be sworn in by a City Employee Notary.
- U. \*A copy of the certificate of formation if the business is registered with the Secretary of State, or a copy of the applicant's filed Assumed Name Certificate (DBA) as applicable.



**CITY OF RICHMOND - PERMIT/LICENSE OFFICE**  
 600 MORTON ST. - RICHMOND, TX 77469  
 281-232-6871 - FAX 281-238-1215

## AMUSEMENT REDEMPTION MACHINE ESTABLISHMENT (ARME) PERMIT APPLICATION

PRINT LEGIBLY or TYPE -- MUST BE ORIGINAL -- MAY NOT BE FAXED

Page 2 & 3 of the application must be attached. All spaces must be filled out on this application and if a question does not apply please enter N/A in that space. The City reserves the right to deny an application for lack of information or falsifying information.

1. Name of Establishment:	2. DBA:
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3. Physical Location Address:

4. Mailing Address: \_\_\_\_\_  
Used for all correspondence P.O. Box, Number, Street, Suite, City State Zip

5. Establishment Phone:	5a. 24 Hr Contact Name:	5b. 24 hr. Phone No:
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6. Business Owner Name or Company Name:

<b>7. BUSINESS OWNER INFORMATION</b>	Company Owner/Chief Operating Officer Name:			Percentage Ownership: %
	Residential Address:	Street		
		City	State	Zip Code
	Date of Birth:	Month:	Date:	Year:
	Identification:	Type:	Issuing Entity	No.:
	Give the type of Government issued ID such as a driver's license or state ID and issuing Entity, along with the Number			
Telephone:	email:			

<b>8. APPLICANT, OPERATOR OR LESSEE INFORMATION</b>	Applicant/Operator Name (If different than the person identified in box #7.):			Percentage Ownership: %
	Residential Address:	Street		
		City	State	Zip Code
	Date of Birth:	Month:	Date:	Year:
	Identification:	Type:	Issuing Entity	No.:
	Give the type of Government issued ID such as a driver's license or state ID and issuing Entity, along with the Number			
Telephone:	email:			

**9. TOTAL NUMBER OF AMUSEMENT REDEMPTION MACHINES FOR THIS ESTABLISHMENT**  **Machines**

10. Check all boxes indicating the required forms and additional information have been provided with this application:

<input type="checkbox"/> A copy of the certificate of formation if the business is registered with the Secretary of State, or a copy of the applicant's filed Assumed Name Certificate (DBA) as applicable	<input type="checkbox"/> Authorization Forms to conduct a background check for all individuals included on this application
<input type="checkbox"/> Application continued page 2.	<input type="checkbox"/> Sworn Statements of the owner (Block 7) and the applicant/operator (Block 8).
<input type="checkbox"/> Application continued page 3.	<input type="checkbox"/> Fees (see page two) attached to this application.



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**PAGE 2 - AMUSEMENT REDEMPTION MACHINE ESTABLISHMENT (ARME) PERMIT APPLICATION**

PRINT LEGIBLY or TYPE -- MUST BE ORIGINAL -- MAY NOT BE FAXED

11. (From Block 1.) Name of Establishment: \_\_\_\_\_

12. (From Block 7.) Owner Name: \_\_\_\_\_  
 Previously Denied ARME permit? Or Revoked? Circle: Yes ---- No o

List Occupations held the last (5) five years: \_\_\_\_\_

13. (From Block 8.) Applicant/Operator Name: \_\_\_\_\_  
 Previously Denied ARME permit? Or Revoked? Circle: Yes ---- No

List Occupations held the last (5) five years: \_\_\_\_\_

**PERMIT FEES**

All fees due The City of Richmond shall be paid in full before issuance of Permit. All returned checks will be assessed a return check fee as applicable and a Stop Work Order will be issued and remain in effect until such time complete payment is received.  
 Credit Cards are assessed a 3% convenience fee.

The fees for obtaining an amusement redemption machine establishment permit based on the group numbered machines or numbers of players that can play on a machine at one time at any single premises are as follows:

For a single machine upon which only a single person may play at onetime \$500.00	7 to 10 machines or players \$ 2,500.00
2 to 3 machines or players \$1,000 .00	11 to 20 machines or players \$ 5,000.00
4 to 6 machine or players \$ 1,750.00	21 or more machines or players \$ 10,000.00

14. Number of Machines (From Block 9.): \_\_\_\_\_ 15. Permit Fee: \_\_\_\_\_

By signing and submitting this application and any attached forms, I hereby certify, under penalty of perjury, that I have read and examined this application and know the same to be true and correct. I understand that providing false information on this application may result in revocation and/or denial of the Permit I am requesting, and the imposition of administrative penalties and sanctions and/or criminal penalties as provided for by law.

7a. Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 From Block # 7

8a. Operator/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 From Block # 8



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**PAGE 3 AMUSEMENT REDEMPTION MACHINE BUSINESS OWNER/PARTNER REPORT**

PRINT LEGIBLY or TYPE -- MUST BE ORIGINAL -- MAY NOT BE FAXED

This is Page 3 of the application & must be attached to page one. All spaces must be filled out on this application and if a question does not apply please enter N/A in that space. The City reserves the right to deny an application for lack of information or falsifying information.

Name of Amusement Machine Business:

List all persons not listed in block 7 and/or 8 which own more than 25% or more interest in the business; and if a corporation - all corporate officers; and if a partnership all partners; and the property owner; and the manager/operator. Attach additional sheets if necessary.

16. NO OTHER PERSONS OR PARTNERS? SIGN HERE:

SIGN HERE ONLY If there are no other partners, owners, or officers in this company & draw a line through the rest of this page

Partner Information	Partner Name:		
	Home Address: May not be a P.O. Box	Street	
		City	State Zip Code
	Government Identification:	Issuing Entity	Type: Number:
	Home Telephone:	Cell Telephone:	

Previously Denied ARME permit? Or Revoked? Circle: Yes ----- No

Personal Information Release Attached? Check Here:

List Occupations held the last (5) five years:

Partner Information	Partner Name:		
	Home Address: May not be a P.O. Box	Street	
		City	State Zip Code
	Government Identification:	Issuing Entity	Type: Number:
	Home Telephone:	Cell Telephone:	

Previously Denied ARME permit? Or Revoked? Circle: Yes ----- No

Personal Information Release Attached? Check Here:

List Occupations held the last (5) five years:

Partner Information	Partner Name:		
	Home Address: May not be a P.O. Box	Street	
		City	State Zip Code
	Government Identification:	Issuing Entity	Type: Number:
	Home Telephone:	Cell Telephone:	

Previously Denied ARME permit? Or Revoked? Circle: Yes ----- No

Personal Information Release Attached? Check Here:

List Occupations held the last (5) five years:

THE STATE OF TEXAS:

COUNTY OF FORT BEND:

Before me the undersigned authority, a Notary Public in and for said State and County, on this day personally appeared \_\_\_\_\_, to me known as identified below, who after being by me first sworn, on oath deposes and says as follows; to wit:

My name is \_\_\_\_\_.

My date of birth is Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_.

I live at \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.

My Texas Driver's License Number is \_\_\_\_\_.

I am the owner, applicant, and/or the operator making application for a permit to operate an Amusement Redemption Machine Establishment (ARME) in the City of Richmond, Texas, Fort Bend County at the physical location address of: \_\_\_\_\_.

I certify that all the facts contained in the application and attachments thereto are true and correct; and The location and operation of the amusement redemption machine establishment does not violate any applicable deed restrictions; and

The amusement redemption machine establishment will be operated in accordance with all Federal, State, and local laws and City ordinances, City of Richmond Ordinance # 2012-19, and Chapter 47 of the Texas Penal Code.

I know the difference between right and wrong and the difference between the truth and a lie, and the above statement is true and correct to the best of by knowledge and belief.

Witness my hand this the \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_.

\_\_\_\_\_

Sworn and subscribed to, before me, this the \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Fort Bend County, Texas

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, DO HEREBY REQUEST AND  
Applicant's Full Name -- please print

AUTHORIZE FULL DISCLOSURE OF ALL RECORDS; TO INCLUDE A CRIMINAL HISTORY CHECK OF MYSELF, TO A DULY AUTHORIZED PEACE OFFICER OF THE CITY OF RICHMOND, WHETHER SAID RECORDS ARE PUBLIC, OR CONFIDENTIAL, IN NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF ANY CRIMINAL RECORDS, PAST OR CURRENT, FOR THE PURPOSE OF OBTAINING A PERMIT FROM THE CITY OF RICHMOND.

A COPY OF THIS FORM HAS THE SAME VALIDITY AS THE ORIGINAL

APPLICANT'S PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

SOCIAL SECURITY NUMBER: \_\_\_\_/\_\_\_\_/\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

RICHMOND OFFICER REVIEWING RECORDS \_\_\_\_\_  
APPROVED \_\_\_\_ DENIED \_\_\_\_  
DATE \_\_\_\_\_

(All supporting documentation will be destroyed after review for approval or denial of permit)