

# CITY OF LOVELAND GAMES LICENSE APPLICATION

**DATE OF APPLICATION:** \_\_\_\_\_ **FOR YEAR:** \_\_\_\_\_

**TYPE OF LICENSE DESIRED:**  
(Indicate number to be licensed)

Games of Skill	_____	@ \$20.00 each
Billiards	_____	@ \$50.00 each
Bowling Alley	_____	@ \$10.00 per lane
Skate Rink	_____	@ \$50.00 each

**APPLICANT NAME** \_\_\_\_\_

**FIRM OR CORPORATION** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

Street

City

State

Zip Code

**BUSINESS ADDRESS:**

Street

City

State

Zip Code

**BUSINESS PHONE:**

( )

**FAX:**

**Remit Payment to:**

City of Loveland  
City Clerk's Office  
500 E. Third St  
Loveland CO 80537

**X**

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