



CITY OF MARION

PUBLIC AMUSEMENT – BOWLING ALLEY APPLICATION

(This application shall be submitted as required by Chapter 131 of the Marion Municipal Code.)

Please complete all sections of this application. An incomplete application will be returned to applicant.

PLEASE RETURN TO:

Marion City Hall
1225 6th Avenue, Suite 170
Marion, IA 52302
Phone: 319-743-6350
Fax: 319-377-7892

OFFICE USE ONLY:	
License #: _____	Exp. Date: _____
Fee Submitted: _____	Receipt #: _____
Date Submitted: _____	Date Approved: _____
CC: Police Department	

____ NEW APPLICATION ____ RENEWAL APPLICATION

1. ESTABLISHMENT/BUILDING INFORMATION

Number of Lanes: _____ (License Fee: \$15 per lane/per year)
Seating Capacity: _____ Number of Employees: _____
Days/Dates and Hours of Operation: _____

2. BUSINESS INFORMATION

Business Name: _____
Business Address: _____
Business Phone #: _____

If corporation or other association, list name, title, SS#, and addresses of all officers and directors (attach additional sheets if necessary):

NAME	TITLE	SS#	ADDRESS

Federal Tax ID #: _____ State Sales Tax ID#: _____

3. BUSINESS OWNER INFORMATION

Full Name of Business Owner: _____
Driver's License #: _____ Social Security #: _____
Mailing Address: _____
Daytime Phone #: _____ Evening Phone #: _____

4. BUSINESS MANAGER INFORMATION

Full Name of Business Manager: _____
Mailing Address: _____
Daytime Phone #: _____ Evening Phone #: _____

5. BUILDING OWNER INFORMATION

Owner of Building: _____

Mailing Address: _____

Daytime Phone #: _____ Evening Phone #: _____

THIS LICENSE IS NON-TRANSFERABLE AND DOES NOT CONSTITUTE PROPERTY OR PROPERTY RIGHTS OR INTERESTS OF ANY KIND.

THIS LICENSE IS SUBJECT TO REVOCATION BY THE MARION CHIEF OF POLICE AT ANY TIME THE CHIEF DETERMINES IN THE EXERCISE OF THE CHIEF'S SOLE DISCRETION THAT TO DO SO WOULD BE IN THE BEST INTEREST OF THE PUBLIC.

APPLICANT HAS READ AND IS FAMILIAR WITH THE ORDINANCES OF THE CITY OF MARION RELATING TO PUBLIC AMUSEMENTS AND IN PARTICULAR CHAPTER 131 OF THE MUNICIPAL CODE OF MARION AND AGREES TO COMPLY WITH SUCH ORDINANCE.

THE APPLICANT HAS PERSONAL KNOWLEDGE OF THE INFORMATION CONTAINED IN THIS APPLICATION AND IT IS TRUE AND CORRECT.

Signature Date

INSPECTIONS/APPROVALS

Building Official Signature Date Approved: _____ Denied: _____

COMMENTS: _____

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Fire Chief Signature Date Approved: _____ Denied: _____

COMMENTS: _____

APPROVAL/BACKGROUND CHECK

Police Chief Signature Date Approved: _____ Denied: _____

COMMENTS: _____

LICENSE ISSUANCE

City Clerk Signature Date Approved: _____ Denied: _____

COMMENTS: _____