



971 Wilson Road  
 Riverdale, GA 30296  
 Phone: 770-996-3397  
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**COIN OPERATED AMUSEMENT MACHINE NEW / RENEWAL APPLICATION**

**Business Name & Contact Information**

Business Name/DBA \_\_\_\_\_

Location Address \_\_\_\_\_

Suite/Unit	City	State	Zip Code
Business Telephone	Business Fax	Email	
Mailing Address	Suite/Unit	City	State Zip Code

Business Type Machines are Located in     Grocery Store     Convenience Store     Other \_\_\_\_\_

**Corporate Business Information**

Corporate Name \_\_\_\_\_

Corporate Address	Suite/Unit	City	State	Zip Code
Corporation Telephone	Principal Officers			

**Business Owner Additional Information**

Federal ID (FEIN) \_\_\_\_\_ Georgia Sales Tax ID \_\_\_\_\_ SSN (if no FEIN) \_\_\_\_\_

Estimated Machine Gross Receipts \_\_\_\_\_ Number of Employees at location \_\_\_\_\_

**Machine Owner Information**

Owner's Name \_\_\_\_\_

Owner's Address	Suite/Unit	City	State	Zip Code
Telephone	Fax	Email		

**Amusement Machine Information**

Number of Machines at above location \_\_\_\_\_ Master License Received     Yes     No

List each machine type and decal number for each machine to be maintained on the premises.

1. _____	2. _____
State Decal #      Machine Type	State Decal #      Machine Type
3. _____	4. _____
State Decal #      Machine Type	State Decal #      Machine Type
5. _____	6. _____
State Decal #      Machine Type	State Decal #      Machine Type
7. _____	8. _____
State Decal #      Machine Type	State Decal #      Machine Type
9. _____	10. _____
State Decal #      Machine Type	State Decal #      Machine Type

**\*Attach additional pages if more space is needed.**

A Criminal History Release Consent Form is required for management or person (s) with supervision over the machines. The Coin Operated Amusement renewal application is due September 30th concurrent to the Occupational Tax renewal. Business must comply with all City of Riverdale Ordinance and the Coin Operated Amusement Machine Ord. 10-Art IV

I hereby certify under penalty of perjury that the information provided herein on this application of the coin operated amusement machines is to the best of my knowledge and belief, a true and complete statement.

_____ Signature	_____ Printed Name of Applicant	_____ Title	_____ Date
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_____ Signature-Community Development Dept. (confirm applicant has affidavit for current year)	_____ Date
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***THIS APPLICATION MUST BE SUBMITTED & COMPLETED FOR PROCESSING AT THE SAME TIME YOUR BUSINESS APPLICATION IS SUBMITTED.***



**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from \_\_\_\_\_ [name of government entity], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable \_\_\_\_\_ document, \_\_\_\_\_ as \_\_\_\_\_ required \_\_\_\_\_ by \_\_\_\_\_ O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: \_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from \_\_\_\_\_ [name of county or municipal corporation], the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

**1. Fill out this section between January 1, 2012, and June 30, 2012.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

*If the employer selected 1(a) please fill out Section 4 below.*

**2. Fill out this section between July 1, 2012, and June 30, 2013.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

*If the employer selected 2(a) please fill out Section 4 below.*

**3. Fill out this section on or after July 1, 2013.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected 3(a) please fill out Section 4 below.*

**4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_(state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_