APPLICATION FOR LICENSE TO OPERATE A GAME ROOM CRANE COUNTY, TEXAS

SECTION 1: Verification Requirement

Please read the following acknowledgments and sign the attached verification. It is a requirement for your Game Room Application to read this document and sign the attached verification. An Application will not be considered if this requirement is not met.

In making this Application, you, the Applicant are hereby acknowledging the following:

- 1. You have read, fully understand, and agree to comply with the Crane County Game Room Ordinance as adopted by the Crane County Commissioners Court on May 9, 2023 (hereinafter referred to as the "Ordinance").
- 2. You are a "Game Room Owner" of the Game Room you are attempting to permit as that term is defined by Section 1 of the Ordinance.
- 3. The business establishment you are attempting to permit is in fact a "Game Room" as that term is defined by Section 1 of the Ordinance.
- 4. You have disclosed the identity of all "Game Room Owner(s)," and any other individual(s), proprietorship(s), corporation(s), association(s), or other legal entity(s) acting for, or acting on behalf of the Game Room along with a photocopy of their driver's license or government-issued identification and incorporation papers as applicable.
- 5. All information you have provided in making this Game Room Application is true and correct.
- 6. You have not withheld any pertinent information that relates to this Game Room Application under the penalty of Perjury as defined under Section 37.02 of the Texas Penal Code
- 7. You understand making a misleading statement on this Game Room Application, providing false, fraudulent, or untruthful information on this Game Room Application, and/or withholding pertinent information on this Game Room Application will result in denial or revocation of the Game Room permit pursuant to the Ordinance.
- 8. You swear and affirm that all the information provided in this Game Room Application is true and correct under the penalty of Perjury as defined under Section 37.02 of the Texas Penal Code.
- 9. You swear and affirm that you have not misrepresented any information on this Game Room Application and understand that any misrepresentation on this Game Room Application is a third-degree felony offense as defined under Section 37.10 of the Texas Penal Code.

VERIFICATION

STATE OF TEXAS

COUNTY OF CRANE

BEFORE ME, the undersigned Nota	ary Public, on this day personally appeared by me duly
sworn,	, an "Owner" and "Applicant" of the Game
	, located at, or to be located at:
	, and on his/her oath deposed, said
	the above acknowledgements, fully understands the
above acknowledgments, and swears that the	e above acknowledgments are true and correct as they
pertain to this Game Room Application,	, 2) the information provided in the Game Room
Application is true and correct, and 3) all pe	ertinent information has been disclosed in making this
Game Room Application.	
	An "Owner" and "Applicant" of Game Room
SUBSCRIBED AND SWORN TO	BEFORE ME on, to
certify which my hand and official seal.	
	NOTARY PUBLIC IN AND FOR
	THE STATE OF TEXAS
	My Commission Expires:

NOTE: All the definitions and provisions contained in the Ordinance are hereby incorporated in this Game Room Application by reference. The Applicant should become familiar with the full text of the Ordinance. Copies of the Ordinance may be obtained from www.co.crane.tx.us.

SECTION 2: Application and License Requirements

- 2(a)(1): All persons owning, possession, operating or maintaining a "Game Room" shall apply for a license and registration of the county. No Game Room shall operate without a license from Crane County.
- 2(a)(4): An application is not complete nor is it considered filed with the county unless it is submitted with the appropriate fee, is signed by the applicant, and contains all information required by the county.
- 2(a)(5): All applicants for a license shall comply with the disclosure provisions. In addition, all applicants shall be required to disclose any violation of any administrative regulation from any jurisdiction.
- 2(a)(8): All applicants shall provide all additional information requested by the county. If applicants fail to provide all additional information requested by the county, the application shall be considered incomplete.
- 2(a)(11): Incomplete applications, including failure to pay fees, may result in a delay or denial of a license.
- 2(a)(16): Any misrepresentation or false statement, including improperly notarized documents, in any report, disclosure, application, permit form, or any other document required shall be a violation of these rules and this article, and shall result in denial, revocation, or suspension of an application or license.
- 4(a)(1): Upon initial application, a nonrefundable fee of \$1,000.00 shall be paid by each applicant. If approved, the license must be renewed before the first day of each month, and a nonrefundable fee of \$750.00 shall be paid by each applicant. The initial fee and renewal fee is based on the cost of processing the application and investigating the licensee.
- 5(3)(2): If an agent or law enforcement agency requests permission to enter the establishment, they shall be granted access without interference, including while the county is conducting a review of an application for licensing or renewal.

By signing below, you acknowledge that you have read and understand the application requirements listed above and any other requirements not listed above but set forth in the Ordinance.

Signature of Applicant	Date	

SECTION 3: Applicant Information

3.1 Applicant Information

Entity Name if not	a natural person:				
Full Legal Name: _	LAST NAME	FIRST	NAME	MIDDLE/M	IAIDEN NAME
					Eye Color:
Social Security Nur	mber:		_ Driver Lice	ense Number/St	ate:
Physical Address: _					
City:		State:		Zip:	
Mailing Address (if	f different):				
City:		State:		Zip:	
Home Phone:			_Cell Phone	:	
Business Phone:			_ Email Add	ress:	
		NG WITH		COPY OF THE	S LICENSE AND/OR VALID E APPLICANT'S SOCIAL
SIGNATURE OF A	APPLICANT		_	DATE	

3.2 Individual Applicant

If you are attempting to obtain a license for your proposed Game Room as an individual, confirm by signing below. By signing below, you are acknowledging that you understand that any issued license is not transferable, assignable or divisible. A person commits a Class A misdemeanor if they intentionally or knowingly transfer, assign, or divide a Game Room license or attempt to do so. Further, a person may be assessed a civil penalty of \$10,000 per violation. Each permit transferred, assigned, or divided or attempted to transfer, assign, or divide being considered a separate violation.

SIGNATURE OF APPLICANT	DATE

3.3 Partnership

If you are attempting to obtain a license for your proposed Game Room as a partnership, you are required to provide the information and documents requested below. Provide each proposed partner's name, date of birth, present residential address, and a description of how that individual is a "Game Room Owner" as defined by the Ordinance (ex: receives profit; signed lease; signed alarm agreement). All partners are subject to the same terms as any individual Game Room Owner, and background checks will be performed for each partner.

Partner's Full Legal Name:			
Date of Birth: //	Height:	Weight:	Eye Color:
Social Security Number:	Driver Li	cense Number/Sta	nte:
Physical Address:			
City:	State:	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	
Cell Phone:			
How is this person an Owner:			
-			
Partner's Full Legal Name:			
Date of Birth: //	Height:	Weight:	Eye Color:
Social Security Number:			
Physical Address:			
City:		Zip:	
Mailing Address (if different):			
City:			
Cell Phone:			
How is this person an Owner:			
-			
Partner's Full Legal Name:			
Date of Birth: //		Weight:	Eye Color:
Social Security Number:			
Physical Address:			
City:		Zip:	
Mailing Address (if different):		1	
City:			
Cell Phone:			
How is this person an Owner			

Partner's Full Legal Name:				
Date of Birth:/ / Social Security Number:	Н	eight:	Weight:	_ Eye Color:
Social Security Number:	D	Priver Lice	nse Number/State	e:
Physical Address:				
City:			Zip:	
Mailing Address (if different):				
City:	State:		Zip:	
Cell Phone:				
How is this person an Owner:				
Partner's Full Legal Name:				
Date of Birth:/	Н	eight:	Weight:	Eye Color:
Date of Birth:/ / Social Security Number:	D	Priver Lice	nse Number/State	e:
Physical Address:				
City:	State:		Zip:	
Mailing Address (if different):				
City:	State:		Zip:	
Cell Phone:				
How is this person an Owner:				
Partner's Full Legal Name:				
Date of Birth: / / Social Security Number:	H	eight:	Weight:	_ Eye Color:
Social Security Number:	D	Priver Lice	nse Number/State	e:
Physical Address:				
City:			Zip:	
Mailing Address (if different):				
City:	State:		Zip:	
Cell Phone:				
How is this person an Owner:				
		D. 40 00 00		
PROVIDE PHOTOCOPY OF EA				CARD AND DRIVER'S
LI	CENSE/IDEN	ΓΙΓΙCΑΤΙ	ON CARD	
		D. 655		
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SIGNATURE OF ARRIVANT			DATE	
SIGNATURE OF APPLICANT			DATE	

3.4 Corporation

If you are attempting to obtain a license for your proposed Game Room as a corporation, you are required to provide the information and documents requested below. Provide a list of all directors, officers, members, agents, and shareholders with more than ten (10%) of the outstanding shares. All persons listed are subject to the same terms as any individual Game Room Owner, and background checks will be performed for each person.

Full Legal Name:				
Date of Birth: /]	Height:	Weight:	Eye Color:
Social Security Number:				
Physical Address:				
City:	State: _		Zip:	
Mailing Address (if different):				
City:	State: _		Zip:	
Description of Role w/ Corp.:				
Full Legal Name:				
Date of Birth: / /]	Height:	Weight:	Eye Color:
Social Security Number:		Driver Lice	nse Number/Sta	ate:
Physical Address:				
City:			Zip:	
Mailing Address (if different): City:	State:		Zip:	
Cell Phone:	Email A	Address:	•	
Description of Role w/ Corp.:				
Full Legal Name:				
Date of Birth: / /]	Height:	Weight:	Eye Color:
Social Security Number:		Driver Lice	nse Number/Sta	ate:
Physical Address:				
City:				
Mailing Address (if different):				
City:	State: _		Zip:	
Cell Phone:	Email <i>A</i>	Address:		
Description of Role w/ Corp.:				
Full Legal Name:				
Date of Birth: / /		Height:	Weight:	Eye Color:
Social Security Number:		Driver Lice	nse Number/Sta	nte:
Physical Address:				
City:	State:		Zip:	
Mailing Address (if different):			1	
City:	State:		Zin:	
Cell Phone:		Address:		
Description of Role w/ Corn.:				

Full Legal Name:			
Date of Birth: / / Social Security Number:	Height: _	Weight:	_ Eye Color:
Social Security Number:	Driver L	icense Number/Stat	te:
Physical Address:			
City:	State:	Zip: _	
Mailing Address (if different):			
City:			
Cell Phone:			
Description of Role w/ Corp.:			
Full Legal Name:			
Date of Birth: / / Social Security Number:	Height: _	Weight:	_ Eye Color:
Social Security Number:	Driver L	icense Number/Stat	te:
Physical Address:			
City:	State:	Zip: _	
Mailing Address (if different):			
City:	State:	Zip: _	
Cell Phone:			
Description of Role w/ Corp.:			
Full Legal Name: Date of Birth: / / Social Security Number: Physical Address:			
Date of Birth: /	Height: _	Weight:	_ Eye Color:
Social Security Number:	Driver L	icense Number/Stat	te:
1 Hysical Address.			
City:	State:	Zip: _	
Mailing Address (if different):			
City:	State:	Zip: _	
Cell Phone:			
Description of Role w/ Corp.:			
PROVIDE PHOTOCOPY OF E			CARD AND DRIVER'S
LIC	CENSE/IDENTIFICA	ATION CARD	
AT	TACH MORE PAGES	S IF NEEDED	
			
SIGNATURE OF APPLICANT		DATE	

3.5 Other

If the definition of "Game Room Owner" as provided by the Ordinance and included below for your reference would apply to any other individual or individuals that have not been listed in any other section, include that person's information below. All persons listed are subject to the same terms as any individual Game Room Owner, and background checks will be performed for each person.

Game Room Owner. Person who:

- (a) Has an ownership interest in, or receives the profits from, a game room or an amusement redemption machine located in a game room;
- (b) Is a partner, director, or officer of a business, including a company or corporation, that has an ownership interest in a game room or in an amusement redemption machine located in a game room;
- (c) Is a shareholder that holds more than 10 percent of the outstanding shares of a business, including a company or corporation, that has an interest in a game room or in an amusement redemption machine located in a game room;
- (d) Has been issued by the county clerk an assumed name certificate for a business that owns a game room or an amusement redemption machine located in a game room;
- (e) Signs a lease for a game room;
- (f) Opens an account for utilities for a game room;
- (g) Receives a certificate of occupancy or certificate of compliance for a game room;
- (h) Pays for advertising for a game room; or
- (i) Signs an alarm permit for a game room.

Full Legal Name:		
Date of Birth: //	Height:	Weight: Eye Color:
		cense Number/State:
Physical Address:	-	
•	State:	Zip:
Mailing Address (if different):		
City:		Zip:
Cell Phone:		•
How is this person an Owner:		

Full Legal Name:			
Date of Birth: / / Social Security Number:	Height: _	Weight:	Eye Color:
Social Security Number:	Driver L	icense Number/Sta	ate:
Physical Address:			
City:	State:	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	
Cell Phone:	Email Address:		
How is this person an Owner:			
Full Legal Name:			
Date of Birth: / /	Height: _	Weight:	Eye Color:
Social Security Number:	Driver L	icense Number/St	ate:
Physical Address:			
City:			
Mailing Address (if different):			
City:	State:	Zip:	
Cell Phone:	Email Address:		
How is this person an Owner:			
-			
Full Legal Name:			
Full Legal Name: Date of Birth: / /	Height: _	Weight:	Eye Color:
Social Security Number:	Driver L	icense Number/Sta	ate:
Physical Address:			
City:	State:	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	
Cell Phone:	Email Address:		
How is this person an Owner:			
PROVIDE PHOTOCOPY OF	EACH PERSON'S SO	CIAL SECURIT	Y CARD AND DRIVER'S
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SECTION 4: Game Room Information

Name of Game Room:			
Physical Location of Game Room	n:		
City:	State:	Zip:	
Business Telephone:	Applicant's	s Phone:	
Section 5(e)(5)(c): Licenses sha Street, or the truck route.	all be limited to Game Rooms	located on Hwy. 385/Gast	ton St.; Hwy. 329/6 th
Is your proposed location in com	apliance with Section 5(e)(5)(c)	of the Ordinance? Yes	No
shall be allowed to operate from outside the incorporated area or Room notifies the county in writhe Game Room is open for blicensed armed security service the information upon request. Game Room, the county will no normal operating hours until se Game Room.	of the county (city limits) may on the county (city limits) may on the county may requestion the County may requestion in the County determines the county	perate beyond these hour med security for the Game uest additional information ding and the Game Room armed security service pro Game Room must not op	rs if the Game Room while on about the must provide ovided by the erate outside
Is your proposed location planning	ng outside of the city limits?	Yes	No
If your proposed location is outs: 12:00 a.m. Sunday – Thursday as		•	1 hours of 9:00 a.m. – No
SIGNATURE OF APPLICANT		DATE	

SECTION 5: Devices

Provide information for any amusement redemption machines or video gaming device that will be used in your Game Room. Amusement redemption machines and video gaming devices may not operate without a validation decal. If you acquire any amusement redemption machines or video gaming devices for use in your Game Room after providing this list, those machines and devices must be disclosed to the county during a renewal and may not be operated until the county provides a validation decal. Operation of an amusement redemption machine or video gaming devise without a validation decal may result in suspension of the Game Room license.

BRAND	SERIAL NUMBER	DECAL # (COUNTY USE)	DECAL DATE (COUNTY USE)

BRAND	SERIAL NUMBER	DECAL # (COUNTY USE)	DECAL DATE (COUNTY USE)				

		DECAL# DECAL DATE					
BRAND	SERIAL NUMBER	(COUNTY USE)	(COUNTY USE)				

BRAND	SERIAL NUMBER	DECAL # DECAL DA (COUNTY USE) (COUNTY						
DIN II II	SERVICE	(COUNTION)	(CCCIVIT COL)					
	ATTACH MORE PAGES IF	NEEDED						
CIONATURE OF ARM	ICANIT	DATE						
SIGNATURE OF APPL	ICANT	DATE						

SECTION 6: Certification

In making this application and signing the verification below, you certify that neither you, the Applicant, and nor any of the other Owner(s), Operator(s), employee(s), agent(s), and/or any other individual(s) acting for, or acting on behalf of the Game Room have been convicted of any offense listed in the Ordinance

STATE OF TEXAS

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_	ary Public, on this day personally appeared by me du	-
sworn,	, an "Owner" and "Applicant" of the Gan	ne
	, located at, or to be located a	
	any of the other Owner(s), Operator(s), employee(s	
•	ng for, or acting on behalf of the Game room have been	en
convicted of any offense listed in the Ordin	ance.	
	An "Owner" and "Applicant" of Game Room	
SUBSCRIBED AND SWORN TO	BEFORE ME on,	to
certify which my hand and official seal.	.	
	NOTABY BUBLICAL AND FOR	
	NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS	
	My Commission Expires:	