



City of Rochester Hills  
 Clerk's Office  
 1000 Rochester Hills Drive  
 Rochester Hills, MI 48309  
 248 656-4630

**MECHANICAL AND ELECTRONIC AMUSEMENT DEVICES  
 APPLICATION FOR LICENSE**

1. NAME AND ADDRESS OF APPLICANT / VENDOR \*\*

NAME: SCOTT LEPAGE - owner TELEPHONE: 248 853-9622  
 ADDRESS: 2273 CROOKS RD (BUSINESS)  
 CITY, STATE & ZIP: ROCHESTER HILLS, MI 48309 (HOME) 248 417-9464

\*\*If the applicant is other than a natural person, then the nature of the entity (i.e. partnership, corporation, etc.) and the names and addresses of ALL those having an ownership interest in the entity MUST BE SUBMITTED.

2. NAME AND ADDRESS OF PROPOSED ESTABLISHMENT WHERE LICENSED ACTIVITY WILL BE MAINTAINED:

EAST SIDE MARIO'S 2273 CROOKS RD

3. NUMBER OF POOL TABLES: 0

4. NUMBER OF AMUSEMENT DEVICES: 2

5. DO YOU OWN THE DEVICE(S)? NO. If not, the owner of the device(s) must join in this application, providing the identical information as that required of the applicant.

6. AGE OF APPLICANT(S): 37, \_\_\_\_\_, \_\_\_\_\_.

7. LENGTH OF APPLICANT(S) RESIDENCE WITHIN THIS STATE: 33.

8. HAS APPLICANT EVER BEEN CONVICTED OF ANY CRIME INVOLVING MORAL TURPITUDE? \_\_\_\_\_ YES \_\_\_\_\_ X NO

9. NAME AND ADDRESS OF RESIDENT MANAGER:

SCOTT LEPAGE  
 (name)

245 S. ETON BLVD 48309  
 (address, city, state, zip)

248 417-9464  
 (area code & phone number)

I, the undersigned, affirm that the above statements are true and I am aware of the provisions and conditions of Article IV, Section 10-151 of the Codified Ordinances, and make application for such license acknowledging these to be the conditions under which I must operate, if such license be granted.

[Signature]  
 (signature and title of applicant)

11/21/07  
 (date)

**THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:**

\_\_\_\_\_ Complete set of fingerprints for each new applicant and resident manager.

\_\_\_\_\_ Application Fee of \$100.00, Renewal fee \$50.

\_\_\_\_\_ Device Fee of \$100.00 per pool table or mechanical device.

OFFICE USE ONLY

effective date of license: \_\_\_\_\_

expiration date of license: \_\_\_\_\_



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**MECHANICAL AND ELECTRONIC AMUSEMENT DEVICES  
APPLICATION FOR LICENSE**

1. NAME AND ADDRESS OF APPLICANT / VENDOR \*\* Elite Vending  
NAME: Sharon Palmer TELEPHONE: 586 29 30868  
ADDRESS: 18280 Spring Ct. No. (BUSINESS)  
CITY, STATE & ZIP: Fraser, Mi 48066 (HOME) (C) 586 405-8413

\*\*If the applicant is other than a natural person, then the nature of the entity (i.e. partnership, corporation, etc.) and the names and addresses of ALL those having an ownership interest in the entity MUST BE SUBMITTED.

2. NAME AND ADDRESS OF PROPOSED ESTABLISHMENT WHERE LICENSED ACTIVITY WILL BE MAINTAINED:  
2273 Crooks (East Side Marias)

3. NUMBER OF POOL TABLES: 0

4. NUMBER OF AMUSEMENT DEVICES: 2

5. DO YOU OWN THE DEVICE(S)? YES. If not, the owner of the device(s) must join in this application, providing the identical information as that required of the applicant.

6. AGE OF APPLICANT(S): 63

7. LENGTH OF APPLICANT(S) RESIDENCE WITHIN THIS STATE: 63

8. HAS APPLICANT EVER BEEN CONVICTED OF ANY CRIME INVOLVING MORAL TURPITUDE? YES  NO

9. NAME AND ADDRESS OF RESIDENT MANAGER:

Scott LePage (name) \_\_\_\_\_ (address, city, state, zip) \_\_\_\_\_ (area code & phone number) 248-417-9464

I, the undersigned, affirm that the above statements are true and I am aware of the provisions and conditions of Article IV, Section 10-151 of the Codified Ordinances, and make application for such license acknowledging these to be the conditions under which I must operate, if such license be granted.

Sharon Palmer  
(signature and title of applicant)

11-15-07  
(date)

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CITY OF ROCHESTER HILLS  
1000 Rochester Hills DR. Rochester Hills, MI 48309

ELITE VENDING/SHARON PALMER

DATE: 11/20/2007  
RECEIPT NO: 25519 DL  
DEPOSIT NO:

G/L NUMBER	DESCRIPTION	PERMIT	AMOUNT
101 451008	Lic.& Pmts.-Clerks Dept.		300.00

TOTAL AMOUNT:	300.00
CASH AMOUNT:	.00
CHECK AMOUNT:	300.00
CREDIT CARD:	.00
DEBIT CARD:	.00
TOTAL RECEIVED:	300.00
CHANGE TENDERED:	.00

CHECK #: 782

RECEIVED BY: TREASURER/LEMANSK\$