



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 ** Full Spectrum
 NAME: MATTHEW VERDURA TELEPHONE: 586-416-3145
 (BUSINESS)
 ADDRESS: 51256 ORD RD 586-532-2064
 (HOME)
 CITY, STATE & ZIP: SHELBY TWP, MI. 48315

**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:
C. J. MAHONEY'S, 3260 S. ROCHESTER RD

3. NUMBER OF POOL TABLES: 0

4. NUMBER OF AMUSEMENT DEVICES: 6

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): 46, _____, _____.

7. LENGTH OF APPLICANT(S) RESIDENCE WITHIN THIS STATE: 12 yrs.

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

9. NAME AND ADDRESS OF RESIDENT MANAGER: 248-652-8488
CURT PABELS 905 E. BUELL, ROCHESTER, MI. 48306
TOM EVERSON 1850 BROMLEY LN, ROCHESTER HILLS, MI. 48306
 (name) (address, city, state, zip) (area code & phone number)
248-650-8531

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.

Matthew Verdura
 (signature and title of applicant)

1/3/04
 (date)

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:

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