



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: CONSTANTIN CARSTEA TELEPHONE: 248-238-6899 CELL
 ADDRESS: 3384 GERALD AVE (BUSINESS)
 CITY, STATE & ZIP: ROCHESTER HILLS MI, 48307 (HOME)

**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:

3. NUMBER OF POOL TABLES: 0

4. NUMBER OF AMUSEMENT DEVICES: 15

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): 30 YRS

7. LENGTH OF APPLICANT(S) RESIDENCE WITHIN THIS STATE: 21 YRS

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

9. NAME AND ADDRESS OF RESIDENT MANAGER:

CONSTANTIN CARSTEA 3384 GERALD AVE 48307 248-238-6899
 (name) (address, city, state, zip) (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.

CARCA OWNER
 (signature and title of applicant)

10/23/09
 (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.

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

OFFICE USE ONLY

effective date of license: _____

expiration date of license: _____