

**CITY OF CEDAR RAPIDS, IOWA  
APPLICATION FOR BOWLING ALLEY LICENSE**

NEW \_\_\_\_\_

FEE \_\_\_\_\_

RENEWAL \_\_\_\_\_

R# \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Address of Business \_\_\_\_\_

Full Name of Corporation or Owner(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of Corporation or Owner(s) \_\_\_\_\_

State Sales Tax I.D. # \_\_\_\_\_ Number of lanes at bowling alley \_\_\_\_\_

If this is a corporation or partnership business, please answer the following:

	NAME OF PARTNERS OR DIRECTORS OF CORPORATION	TITLE	RESIDENCE
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

Names of any other individuals, corporation officers, directors, stockholders, agents or employees that have any financial interest in this business:

	NAME	Address
A.	_____	_____
B.	_____	_____

Do you fully understand that any falsification made hereinbefore will constitute ground for revocation of your bowling alley license? \_\_\_\_\_

I, (or we) \_\_\_\_\_

(If a corporation, this affidavit should be made by an officer thereof), being first duly sworn, upon oath depose and say that I (or we) am (or are) the proponent(s) of the foregoing information, and that the statements made and answers given above are true, and that I (or we) am (or are) authorized to execute the foregoing.

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

Subscribed and sworn to before me by

The City Clerk has received approvals from  
The following departments:

\_\_\_\_\_  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_ Building Department

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ Fire Department