

APPLICATION FOR BOWLING ALLEYS

Date _____

All questions must be answered completely and correctly.

Name of Bowling Alley _____

Phone Number _____

Address _____

City _____ State _____

Owner's Name _____

Owner's Address _____

City _____ State _____

Phone Number _____

Number of Alleys _____

Applicant's Signature _____

Revenue Collector's Signature

Date _____

Controller's Signature

Fee Paid _____