



CITY OF ENCINITAS
Development Services Department
505 S. Vulcan Ave
Encinitas, CA 92024
www.encinitasca.gov
Phone: 760-633-2708
Email: permits@encinitasca.gov

AMUSEMENT ESTABLISHMENT APPLICATION SUBMITTAL

Business Name: _____

DBA: _____ Number of Devices: _____

Business Address: _____

City: _____ State: _____ Zip: _____

BRAND NAME	TYPE OF MACHINE	SERIAL NUMBER

By checking this box, I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge. I understand any false statements or information are grounds for denial of this application or revocation of the permit. I acknowledge I will adhere to the conditions as stated on the permit. Any misuse of privileges or multiple complaints received by the City may constitute violations of this permit resulting in fines and/or revocation of the permit.

Name: _____ Date: _____

Signature: _____