APPLICATION FOR LICENSE TO OPERATE A GAME ROOM
LYNN COUNTY, TEXAS

SECTION 1: Verification Requirement

Please read the following acknowledgments and sign the attached verification. It is a requirement for your Game Room Application to read this document and sign the attached verification. An Application will not be considered if this requirement is not met.

In making this Application, you, the Applicant are hereby acknowledging the following:

1. You have read, fully understand, and agree to comply with the Lynn County Game Room Ordinance as adopted by the Lynn County Commissioners Court on November 14, 2023 (hereinafter referred to as the "Ordinance").
2. You are a "Game Room Owner" of the Game Room you are attempting to permit as that term is defined by Section 1 of the Ordinance.
3. The business establishment you are attempting to permit is in fact a "Game Room" as that term is defined by Section 1 of the Ordinance.
4. You have disclosed the identity of all "Game Room Owner(s)," and any other individual(s), proprietorship(s), corporation(s), association(s), or other legal entity(s) acting for, or acting on behalf of the Game Room along with a photocopy of their driver's license or government-issued identification and incorporation papers as applicable.
5. All information you have provided in making this Game Room Application is true and correct.
6. You have not withheld any pertinent information that relates to this Game Room Application under the penalty of Perjury as defined under Section 37.02 of the Texas Penal Code.
7. You understand making a misleading statement on this Game Room Application, providing false, fraudulent, or untruthful information on this Game Room Application, and/or withholding pertinent information on this Game Room Application will result in denial or revocation of the Game Room permit pursuant to the Ordinance.
8. You swear and affirm that all the information provided in this Game Room Application is true and correct under the penalty of Perjury as defined under Section 37.02 of the Texas Penal Code.
9. You swear and affirm that you have not misrepresented any information on this Game Room Application and understand that any misrepresentation on this Game Room Application is a third-degree felony offense as defined under Section 37.10 of the Texas Penal Code.

VERIFICATION

STATE OF TEXAS

COUNTY OF LYNN

BEFORE ME, the undersigned Notary Public, on this day personally appeared by me duly sworn, _____, an "Owner" and "Applicant" of the Game Room named _____, located at, or to be located at: _____, and on his/her oath deposed, said that he/she swears that 1) he/she has read the above acknowledgements, fully understands the above acknowledgments, and swears that the above acknowledgments are true and correct as they pertain to this Game Room Application, 2) the information provided in the Game Room Application is true and correct, and 3) all pertinent information has been disclosed in making this Game Room Application.

_____
An "Owner" and "Applicant" of Game Room

SUBSCRIBED AND SWORN TO BEFORE ME on _____, to certify which my hand and official seal.

_____
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

My Commission Expires: _____

NOTE: All the definitions and provisions contained in the Ordinance are hereby incorporated in this Game Room Application by reference. The Applicant should become familiar with the full text of the Ordinance. Copies of the Ordinance may be obtained from www.co.lynn.tx.us.

SECTION 2: Application and License Requirements

2(a)(1): All persons owning, possession, operating or maintaining a "Game Room" shall apply for a license and registration of the county. No Game Room shall operate without a license from Crane County.

2(a)(4): An application is not complete nor is it considered filed with the county unless it is submitted with the appropriate fee, is signed by the applicant, and contains all information required by the county.

2(a)(5): All applicants for a license shall comply with the disclosure provisions. In addition, all applicants shall be required to disclose any violation of any administrative regulation from any jurisdiction.

2(a)(8): All applicants shall provide all additional information requested by the county. If applicants fail to provide all additional information requested by the county, the application shall be considered incomplete.

2(a)(11): Incomplete applications, including failure to pay fees, may result in a delay or denial of a license.

2(a)(16): Any misrepresentation or false statement, including improperly notarized documents, in any report, disclosure, application, permit form, or any other document required shall be a violation of these rules and this article, and shall result in denial, revocation, or suspension of an application or license.

4(a)(1): Upon initial application, a nonrefundable fee of $1,000.00 shall be paid by each applicant. If approved, the license must be renewed before the first day of each month, and a nonrefundable fee of $750.00 shall be paid by each applicant. The initial fee and renewal fee is based on the cost of processing the application and investigating the licensee.

5(3)(2): If an agent or law enforcement agency requests permission to enter the establishment, they shall be granted access without interference, including while the county is conducting a review of an application for licensing or renewal.

By signing below, you acknowledge that you have read and understand the application requirements listed above and any other requirements not listed above but set forth in the Ordinance.

_____ _____

Signature of Applicant Date

SECTION 3: Applicant Information

3.1 Applicant Information

Entity Name if not a natural person: _____

Full Legal Name: _____
LAST NAME FIRST NAME MIDDLE/MAIDEN NAME

Date of Birth: ____/____/____ Height: _____ Weight: _____ Eye Color: _____

Social Security Number: _____ Driver License Number/State: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email Address: _____

INCLUDE A PHOTOCOPY OF THE APPLICANT'S VALID DRIVER'S LICENSE AND/OR VALID IDENTIFICATION CARD, ALONG WITH A PHOTOCOPY OF THE APPLICANT'S SOCIAL SECURITY CARD.

_____ _____
SIGNATURE OF APPLICANT DATE

(By signing this document, you acknowledge that the information provided above is true and correct under the penalty of perjury as defined by Chapter 37.02 of the Texas Penal Code. Additionally, providing false information on this document is a third-degree felony under Section 37.10 of the Texas Penal Code. Further, you are hereby acknowledging that you are an "Owner" of the Game Room you are attempting to license as that term is defined in the Ordinance.)

3.2 Individual Applicant

If you are attempting to obtain a license for your proposed Game Room as an individual, confirm by signing below. By signing below, you are acknowledging that you understand that any issued license is not transferable, assignable or divisible. A person commits a Class A misdemeanor if they intentionally or knowingly transfer, assign, or divide a Game Room license or attempt to do so. Further, a person may be assessed a civil penalty of $10,000 per violation. Each permit transferred, assigned, or divided or attempted to transfer, assign, or divide being considered a separate violation.

_____ _____

SIGNATURE OF APPLICANT DATE

(By signing this document, you acknowledge that the information provided above is true and correct under the penalty of perjury as defined by Chapter 37.02 of the Texas Penal Code. Additionally, providing false information on this document is a third-degree felony under Section 37.10 of the Texas Penal Code. Further, you are hereby acknowledging that you are an "Owner" of the Game Room you are attempting to license as that term is defined in the Ordinance.)

3.3 Partnership

If you are attempting to obtain a license for your proposed Game Room as a partnership, you are required to provide the information and documents requested below. Provide each proposed partner's name, date of birth, present residential address, and a description of how that individual is a "Game Room Owner" as defined by the Ordinance (ex: receives profit; signed lease; signed alarm agreement). All partners are subject to the same terms as any individual Game Room Owner, and background checks will be performed for each partner.

Partner's Full Legal Name: ____________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ______________ Driver License Number/State: ______________
Physical Address: ____________________
City: ______________ State: ______________ Zip: ______________
Mailing Address (if different): ____________________
City: ______________ State: ______________ Zip: ______________
Cell Phone: ______________ Email Address: ______________
How is this person an Owner: ____________________

Partner's Full Legal Name: ____________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ______________ Driver License Number/State: ______________
Physical Address: ____________________
City: ______________ State: ______________ Zip: ______________
Mailing Address (if different): ____________________
City: ______________ State: ______________ Zip: ______________
Cell Phone: ______________ Email Address: ______________
How is this person an Owner: ____________________

Partner's Full Legal Name: ____________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ______________ Driver License Number/State: ______________
Physical Address: ____________________
City: ______________ State: ______________ Zip: ______________
Mailing Address (if different): ____________________
City: ______________ State: ______________ Zip: ______________
Cell Phone: ______________ Email Address: ______________
How is this person an Owner: ____________________

Partner's Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: ____________
Social Security Number: ____________________ Driver License Number/State: ____________________
Physical Address: ____
City: ______________________ State: ______________ Zip: ______________
Mailing Address (if different): ______________________________________
City: ______________________ State: ______________ Zip: ______________
Cell Phone: ____________________ Email Address: ____________________
How is this person an Owner: ______________________________________

Partner's Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: ____________
Social Security Number: ____________________ Driver License Number/State: ____________________
Physical Address: ____
City: ______________________ State: ______________ Zip: ______________
Mailing Address (if different): ______________________________________
City: ______________________ State: ______________ Zip: ______________
Cell Phone: ____________________ Email Address: ____________________
How is this person an Owner: ______________________________________

Partner's Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: ____________
Social Security Number: ____________________ Driver License Number/State: ____________________
Physical Address: ____
City: ______________________ State: ______________ Zip: ______________
Mailing Address (if different): ______________________________________
City: ______________________ State: ______________ Zip: ______________
Cell Phone: ____________________ Email Address: ____________________
How is this person an Owner: ______________________________________

PROVIDE PHOTOCOPY OF EACH PARTNER'S SOCIAL SECURITY CARD AND DRIVER'S LICENSE/IDENTIFICATION CARD

ATTACH MORE PAGES IF NEEDED

______________________________ ____________________
SIGNATURE OF APPLICANT DATE

(By signing this document, you acknowledge that the information provided above is true and correct under the penalty of perjury as defined by Chapter 37.02 of the Texas Penal Code. Additionally, providing false information on this document is a third-degree felony under Section 37.10 of the Texas Penal Code. Further, you are hereby acknowledging that you are an "Owner" of the Game Room you are attempting to license as that term is defined in the Ordinance.)

3.4 Corporation

If you are attempting to obtain a license for your proposed Game Room as a corporation, you are required to provide the information and documents requested below. Provide a list of all directors, officers, members, agents, and shareholders with more than ten (10%) of the outstanding shares. All persons listed are subject to the same terms as any individual Game Room Owner, and background checks will be performed for each person.

Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ______________ Driver License Number/State: ______________
Physical Address: ______________________________
City: ______________ State: ______________ Zip: ______________
Mailing Address (if different): ______________________________
City: ______________ State: ______________ Zip: ______________
Cell Phone: ______________ Email Address: ______________
Description of Role w/ Corp.: ______________________________

Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ______________ Driver License Number/State: ______________
Physical Address: ______________________________
City: ______________ State: ______________ Zip: ______________
Mailing Address (if different): ______________________________
City: ______________ State: ______________ Zip: ______________
Cell Phone: ______________ Email Address: ______________
Description of Role w/ Corp.: ______________________________

Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ______________ Driver License Number/State: ______________
Physical Address: ______________________________
City: ______________ State: ______________ Zip: ______________
Mailing Address (if different): ______________________________
City: ______________ State: ______________ Zip: ______________
Cell Phone: ______________ Email Address: ______________
Description of Role w/ Corp.: ______________________________

Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ______________ Driver License Number/State: ______________
Physical Address: ______________________________
City: ______________ State: ______________ Zip: ______________
Mailing Address (if different): ______________________________
City: ______________ State: ______________ Zip: ______________
Cell Phone: ______________ Email Address: ______________
Description of Role w/ Corp.: ______________________________

Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ________________ Driver License Number/State: ________________
Physical Address: ______________________________
City: ________________ State: ____________ Zip: ____________
Mailing Address (if different): ______________________________
City: ________________ State: ____________ Zip: ____________
Cell Phone: ________________ Email Address: ________________
Description of Role w/ Corp.: ______________________________

Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ________________ Driver License Number/State: ________________
Physical Address: ______________________________
City: ________________ State: ____________ Zip: ____________
Mailing Address (if different): ______________________________
City: ________________ State: ____________ Zip: ____________
Cell Phone: ________________ Email Address: ________________
Description of Role w/ Corp.: ______________________________

Full Legal Name: ______________________________
Date of Birth: ____/____/________ Height: _____ Weight: _____ Eye Color: __________
Social Security Number: ________________ Driver License Number/State: ________________
Physical Address: ______________________________
City: ________________ State: ____________ Zip: ____________
Mailing Address (if different): ______________________________
City: ________________ State: ____________ Zip: ____________
Cell Phone: ________________ Email Address: ________________
Description of Role w/ Corp.: ______________________________

PROVIDE PHOTOCOPY OF EACH PERSON'S SOCIAL SECURITY CARD AND DRIVER'S LICENSE/IDENTIFICATION CARD

ATTACH MORE PAGES IF NEEDED

______________________________ ____________________
SIGNATURE OF APPLICANT DATE

(By signing this document, you acknowledge that the information provided above is true and correct under the penalty of perjury as defined by Chapter 37.02 of the Texas Penal Code. Additionally, providing false information on this document is a third-degree felony under Section 37.10 of the Texas Penal Code. Further, you are hereby acknowledging that you are an "Owner" of the Game Room you are attempting to license as that term is defined in the Ordinance.)

3.5 Other

If the definition of "Game Room Owner" as provided by the Ordinance and included below for your reference would apply to any other individual or individuals that have not been listed in any other section, include that person's information below. All persons listed are subject to the same terms as any individual Game Room Owner, and background checks will be performed for each person.

Game Room Owner. Person who:

(a) Has an ownership interest in, or receives the profits from, a game room or an amusement redemption machine located in a game room;

(b) Is a partner, director, or officer of a business, including a company or corporation, that has an ownership interest in a game room or in an amusement redemption machine located in a game room;

(c) Is a shareholder that holds more than 10 percent of the outstanding shares of a business, including a company or corporation, that has an interest in a game room or in an amusement redemption machine located in a game room;

(d) Has been issued by the county clerk an assumed name certificate for a business that owns a game room or an amusement redemption machine located in a game room;

(e) Signs a lease for a game room;

(f) Opens an account for utilities for a game room;

(g) Receives a certificate of occupancy or certificate of compliance for a game room;

(h) Pays for advertising for a game room; or

(i) Signs an alarm permit for a game room.

Full Legal Name: _____

Date of Birth: ____/____/____ Height: _____ Weight: _____ Eye Color: _____

Social Security Number: _____ Driver License Number/State: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

How is this person an Owner: _____

Full Legal Name: ____
Date of Birth: ______/______/__________ Height: _____ Weight: _____ Eye Color: ______________
Social Security Number: ______________________ Driver License Number/State: ______________________
Physical Address: ____
City: ______________________________ State: __________________ Zip: _________________________
Mailing Address (if different): ____
City: ______________________________ State: __________________ Zip: _________________________
Cell Phone: _________________________ Email Address: ____________________________________
How is this person an Owner: ____

Full Legal Name: ____
Date of Birth: ______/______/__________ Height: _____ Weight: _____ Eye Color: ______________
Social Security Number: ______________________ Driver License Number/State: ______________________
Physical Address: ____
City: ______________________________ State: __________________ Zip: _________________________
Mailing Address (if different): ____
City: ______________________________ State: __________________ Zip: _________________________
Cell Phone: _________________________ Email Address: ____________________________________
How is this person an Owner: ____

Full Legal Name: ____
Date of Birth: ______/______/__________ Height: _____ Weight: _____ Eye Color: ______________
Social Security Number: ______________________ Driver License Number/State: ______________________
Physical Address: ____
City: ______________________________ State: __________________ Zip: _________________________
Mailing Address (if different): ____
City: ______________________________ State: __________________ Zip: _________________________
Cell Phone: _________________________ Email Address: ____________________________________
How is this person an Owner: ____

PROVIDE PHOTOCOPY OF EACH PERSON'S SOCIAL SECURITY CARD AND DRIVER'S LICENSE/IDENTIFICATION CARD

ATTACH MORE PAGES IF NEEDED

____________________________________ ________________________
SIGNATURE OF APPLICANT DATE

(By signing this document, you acknowledge that the information provided above is true and correct under the penalty of perjury as defined by Chapter 37.02 of the Texas Penal Code. Additionally, providing false information on this document is a third-degree felony under Section 37.10 of the Texas Penal Code. Further, you are hereby acknowledging that you are an "Owner" of the Game Room you are attempting to license as that term is defined in the Ordinance.)

SECTION 4: Game Room Information

Name of Game Room: _____

Physical Location of Game Room: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Applicant's Phone: _____

Section 5(e)(5)(c): Licenses shall be limited to Game Rooms located on US Hwy. 87; Hwy. 380 (US 380)

Is your proposed location in compliance with Section 5(e)(5)(c) of the Ordinance? Yes _____ No _____

Section 5(e)(8): The gaming area of a licensed establishment shall only be allowed to operate from 9:00 a.m. to 12:00 a.m. on Sunday through Thursday. The gaming area of a licensed establishment shall be allowed to operate from 9:00 a.m. to 2:00 a.m. on Friday and Saturday. A Game Room located outside the incorporated area of the county (city limits) may operate beyond these hours if the Game Room notifies the county in writing and provides licensed armed security for the Game Room while the Game Room is open for business. The county may request additional information about the licensed armed security service that the Game Room is providing and the Game Room must provide the information upon request. If the county determines the armed security service provided by the Game Room, the county will notify the Game Room and the Game Room must not operate outside normal operating hours until such time that acceptable armed security services are secured by the Game Room.

Is your proposed location planning outside of the city limits? Yes _____ No _____

If your proposed location is outside of the city limits, do you plan to operate beyond normal hours of 9:00 a.m. – 12:00 a.m. Sunday – Thursday and 9:00 a.m. – 2:00 a.m. Friday – Saturday? Yes _____ No _____

_____ _____

SIGNATURE OF APPLICANT DATE

(By signing this document, you acknowledge that the information provided above is true and correct under the penalty of perjury as defined by Chapter 37.02 of the Texas Penal Code. Additionally, providing false information on this document is a third-degree felony under Section 37.10 of the Texas Penal Code. Further, you are hereby acknowledging that you are an "Owner" of the Game Room you are attempting to license as that term is defined in the Ordinance.)

SECTION 5: Devices

Provide information for any amusement redemption machines or video gaming device that will be used in your Game Room. Amusement redemption machines and video gaming devices may not operate without a validation decal. If you acquire any amusement redemption machines or video gaming devices for use in your Game Room after providing this list, those machines and devices must be disclosed to the county during a renewal and may not be operated until the county provides a validation decal. Operation of an amusement redemption machine or video gaming devise without a validation decal may result in suspension of the Game Room license.

BRAND	**SERIAL NUMBER**	DECAL # (COUNTY USE)	DECAL DATE (COUNTY USE)

BRAND	**SERIAL NUMBER**	DECAL # (COUNTY USE)	DECAL DATE (COUNTY USE)

BRAND	**SERIAL NUMBER**	DECAL # (COUNTY USE)	DECAL DATE (COUNTY USE)

BRAND	**SERIAL NUMBER**	DECAL # (COUNTY USE)	DECAL DATE (COUNTY USE)

ATTACH MORE PAGES IF NEEDED

_____ _____

SIGNATURE OF APPLICANT DATE

(By signing this document, you acknowledge that the information provided above is true and correct under the penalty of perjury as defined by Chapter 37.02 of the Texas Penal Code. Additionally, providing false information on this document is a third-degree felony under Section 37.10 of the Texas Penal Code. Further, you are hereby acknowledging that you are an "Owner" of the Game Room you are attempting to license as that term is defined in the Ordinance.)

SECTION 6: Certification

In making this application and signing the verification below, you certify that neither you, the Applicant, and nor any of the other Owner(s), Operator(s), employee(s), agent(s), and/or any other individual(s) acting for, or acting on behalf of the Game Room have been convicted of any offense listed in the Ordinance

STATE OF TEXAS

COUNTY OF LYNN

BEFORE ME, the undersigned Notary Public, on this day personally appeared by me duly sworn, _____, an "Owner" and "Applicant" of the Game Room named _____, located at, or to be located at: _____, and on his/her oath deposed, said that he/she swears that neither he/she nor any of the other Owner(s), Operator(s), employee(s), agent(s), and/or any other individual(s) acting for, or acting on behalf of the Game room have been convicted of any offense listed in the Ordinance.

_____
An "Owner" and "Applicant" of Game Room

SUBSCRIBED AND SWORN TO BEFORE ME on _____, to certify which my hand and official seal.

_____
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

My Commission Expires: _____