

Dear Applicant:

Enclosed is an application for obtaining an **Amusement Concession** license from the Iowa Department of Inspections & Appeals (DIA). Iowa law prohibits any gambling from occurring prior to having a gambling license in hand. Completed applications including all documents needed to process the application must be received at least 30 days prior to the requested start date.

**INCOMPLETE APPLICATIONS MAY BE RETURNED WITHOUT REVIEW.** If the application is returned, please allow for 30 days processing time from the date of resubmission.

Once the application with required documentation is received, the DIA will review the paperwork and if approved a license will be mailed out. ***Please note the license is not valid until received and only valid during the time period mentioned on the license.*** You may call 515-281-6848 or send an e-mail to [scg@iowa.gov](mailto:scg@iowa.gov) with any questions.

Applications may also be completed on-line at <https://dia.iowa.gov/scg>

MAILING ADDRESS: Iowa Department of Inspections & Appeals  
Social & Charitable Gambling Unit  
321 E 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0083

Application Checklist:

- A fully completed Amusement Concession application.
- Non-refundable \$50 license fee per game (check or money order made payable to Department of Inspections and Appeals (DIA) or cash—in person only.)

# IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

## AMUSEMENT CONCESSION LICENSE APPLICATION

Please complete the information on behalf of the organization or business for which you wish to apply for a license. All information is required. Any information not completed may result in the return of your application.

<b>APPLICANT INFORMATION</b>	
The applicant is the corporation, partnership, sole proprietor, or LLC/LLP applying for a license.	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP	Mailing Address:
Applicant:	City/State/Zip Code:
Name of Business (Doing Business As):	Phone Number:
Name of Responsible Party (owner or manager):	E-Mail Address:

<b>QUALIFYING QUESTIONS</b>
To determine eligibility and what restrictions apply.

Does the applicant have any delinquent tax liability with the State of Iowa?

- No  
 Yes

Are the games permanently located at one location (i.e. an amusement park or arcade)?

- No  
 Yes—Provide address/city/state/zip: \_\_\_\_\_

<b>NAMES OF GAMES TO BE LICENSED</b>					
<i>Please list the actual names of the games to be licensed.</i>					
1.		8.		15.	
2.		9.		16.	
3.		10.		17.	
4.		11.		18.	
5.		12.		19.	
6.		13.		20.	
7.		14.		21.	
					Total Number of Licenses x \$50 each = \$ _____

### Beginning Date for License

Please indicate the date that you would like the license to begin at least 30 days in the future; we are unable to issue retroactive licenses.

\_\_\_\_/\_\_\_\_/\_\_\_\_

### ACKNOWLEDGEMENT

I understand that I must comply with the requirements pursuant to Iowa Code Chapter 99B, administrative rules of the Iowa Department of Inspections and Appeals, and other applicable state laws. By signing this application, I acknowledge that I have reviewed the information provided and any accompanying documents, and to the best of my knowledge the statements are true, accurate, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date