



Roll Call Number

Agenda Item Number

5

Date March 24, 2008

BE IT RESOLVED, by the City Council of the City of Des Moines, Iowa:

That the City Clerk is hereby authorized and directed to issue a Coin-Operated Machine License to:

**RENEWAL APPLICATION(S)**

1. LA PIZZA HOUSE

1013 SE 14TH STREET

Moved by \_\_\_\_\_ to adopt.

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
HENSLEY				
KIERNAN				
MAHAFFEY				
MEYER				
VLASSIS				
TOTAL				

**CERTIFICATE**

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

MOTION CARRIED

APPROVED

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

FILED CITY OF DES MOINES GAMEROOMS, BOWLING ALLEYS FILED  
COIN OPERATED AMUSEMENT MACHINES APPLICATION

2008 MAR 14 PM 4:06

Expires December 31<sup>st</sup> of each year

All applications received after December 1<sup>st</sup> will be assessed a \$25.00 late fee PH 4:06

CITY CLERK  
DES MOINES, IOWA

CITY CLERK  
DES MOINES, IOWA

BUSINESS NAME LA PIZZA House PHONE # 515-2882211

BUSINESS ADDRESS 1013-SE 74<sup>th</sup> D. MIA Zip Code 50317

BUSINESS OWNER Russell Reel  
(Owner/Operator of Business, not of Machines)

DATE OF BIRTH Aug 2-1924 SOCIAL SECURITY # 484-18-8322

BUSINESS OWNER ADDRESS 1627-Evergreen CITY Des Moines IA

STATE Iowa ZIP CODE 50320 PHONE # 2886846

**IF PARTNERSHIP OR CORPORATION LIST OFFICERS:**

CORPORATION NAME LA PIZZA House

PRESIDENT Russell Reel DATE OF BIRTH 8-2-'24

HOME ADDRESS 1627-Evergreen Des Moines Ia 50320

SOCIAL SECURITY # 484-18-8322 PHONE # 2886846

SECRETARY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PHONE # \_\_\_\_\_

TREASURER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PHONE # \_\_\_\_\_

**OWNER OF BUILDING (If other than Applicant)**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Code

**NAME OF MANAGER IF OTHER THAN OWNER**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PHONE # \_\_\_\_\_

**ARREST RECORD OF ALL OWNERS AND MANAGER:** \_\_\_\_\_

(Attach another sheet if necessary)

**OWNER OF MACHINES ON PREMISE IF DIFFERENT FROM OWNER OF BUSINESS:**

NAME AMERICAN GAME PHONE # 988 0692

ADDRESS 12890 LINCOLN CLIVE TOWN 50325  
Street City State Zip Code

**\*\*\*\*\*NUMBER OF MACHINES TO BE LICENSED\*\*\*\*\***

Number of Bowling Lanes \_\_\_\_\_ (Fee: \$100 for 1st lane and \$6 for each additional)

Number of Coin Operated Machines 3 (Fee: \$100 for 1st machine and \$10 for each additional)

Basketball \_\_\_\_\_ Cranes 1 Electronic Darts \_\_\_\_\_ Foos Ball \_\_\_\_\_ Juke Box \_\_\_\_\_

Pin Ball \_\_\_\_\_ Pool Tables \_\_\_\_\_ Shuffle Alleys \_\_\_\_\_ Video 2 Other \_\_\_\_\_

**NOTE: IF ANY MACHINES ARE ADDED DURING THE YEAR, YOU MUST FILL OUT AN ADDITIONAL APPLICATION AND PAY AN ADDITIONAL \$10 PER MACHINE.**

**DO YOU CURRENTLY HAVE ANY TYPE OF BEER OR LIQUOR LICENSE?**

Check One: Yes  No  Applied for

Russell E Reel \_\_\_\_\_ 2-7-08 \_\_\_\_\_  
Signature of Owner, Officer or Authorized Representative Title

**NOTE: Failure to comply with the applicable code provisions may subject the applicant to a \$100 fine or thirty days in jail. All above questions must be answered in full before application is accepted. (Inspections not required, if conducted pursuant to other City Ordinance or State Law)**

For Clerk's Use Only	Fee: <u>120</u>	Receipt: <u>4142</u>	Check #: <u>Cash</u>
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25  
\$145