



# Arcade, Game

## Section 103.101.3

### STEPS FOR OBTAINING A PERMIT

- 1. Submission:** Applications will not be accepted by mail. Please send your completed application documents by email to [pcpermitapplications@lapd.online](mailto:pcpermitapplications@lapd.online)
- 2. Review:** Once received, an Investigator will review your application for completeness and reach out to schedule your in-person appointment.
- 3. Appointment:** During the appointment you will turn in the original application documents and complete the payment required for processing the permit with the Office of Finance.
- 4. Investigation:** The Investigator assigned to your case will complete the investigation and reach out to inform you of the final notice.

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### PLEASE NOTE

- This permit is required if you have five (5) or more amusement/game arcade machines. The cost of processing applications for this permit is **\$199.00**, subject to change.
- No person under 16 years of age is permitted 10pm-9am unless:
  - Accompanied by parent/guardian **or** such number of readily identifiable State licensed security guards or private security guards, as required by the Board of Police Commissioners, are on duty in and about the arcade
- CID does not have a designated area for visitors. If you plan to park on the street, metered parking is limited to 1 hour. Plan ahead, and allow extra time to find a parking garage. Please be prepared for any unexpected delays or parking issues.
- Permits are not transferable. If you are moving locations or there is a change in ownership, you are required to re-apply.

**If your application remains incomplete 30 days after submission, your case will be filed without further action, and you will NOT be allowed to continue with the process. You may resubmit at any point after you have made the necessary changes to your application.**

You can find more information pertaining to this permit at: [https://codelibrary.amlegal.com/codes/los\\_angeles/latest/lamc/0-0-0-191759](https://codelibrary.amlegal.com/codes/los_angeles/latest/lamc/0-0-0-191759)



# Arcade, Game

## Section 103.101.3

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Forms & Documents Needed To Complete Application		DONE	N/A
1	<b>Business Information - Face Sheet Form</b>		
2	<b>About My Business Form</b> ( <i>Complete form as it pertains to the business</i> )		
3	<b>Owners &amp; Applicants Form</b> ( <i>Ownership should equal 100%. If not, explain in the space provided</i> )		
4	<b>Personal Application Form</b> ( <i>Each owner must complete a personal application</i> ) - <b>DO NOT SIGN UNTIL INSTRUCTED BY INVESTIGATOR OR NOTARIZED</b>		
5	<b>Copy of the applicant's valid state Driver's License or state identification</b> - <i>The address must match the applicant's information on the Personal Application</i> - <i>The CDL or CID shall not be expired</i>		
6	<b>Completed Live Scan Form</b> - <i>Only valid for 30 days from date on the live scan form, do not complete until instructed to do so by investigator</i> - <i>If residing in California, go to any Live Scan location: <a href="https://oag.ca.gov/fingerprints/locations?county=Los%20Angeles">https://oag.ca.gov/fingerprints/locations?county=Los%20Angeles</a></i> - <i>If out-of-state, fingerprint cards are available. These require: 1. Check payable to California Department of Justice for \$32 per card and 2. Request for Exemption form per applicant card</i>		
7	<b>Original Zoning &amp; Clearance From</b> - <i>Bring the form provided (page 9) to the Department of Building and Safety, Zoning Administration</i> - <i>Must submit original form (Signature, date, contact number, and stamp needed or will not be accepted)</i> - <i>Follow the instructions on the procedure form (page 10) to schedule your appointment</i>		
8	<b>Copy of Conditional Use Permit</b> ( <i>if applicable</i> )		
9	<b>ABC License with Conditions</b> ( <i>if applicable</i> )		
10	<b>Publication Proofs</b> ( <i>see page page 11 for instructions</i> )		
11	<b>Copy of Complete Lease Agreement and/or Purchase Documents</b> - <i>Must indicate legal/applicant's name(s), business address, current lease dates and usage</i> - <i>Include supplemental documents, amendments, &amp; assignments. Provide a lease history chart if needed. Anyone listed as a lessee must submit a personal application</i>		
12	<b>Affidavit of Property Owner - Consent to Operate (Only if needed)</b> - <i>Needed only if the lease does not state the type of usage in the lease</i> - <i>Must be filled out and signed by the property owner or a property agent</i> - <i>If the owner is unable to be present to sign at the appointment, the form must be notarized</i>		
13	<b>Entity Checklist</b> - <i>Refer to page 3 to review which documents are applicable to your application</i>		
14	<b>Requirements for Applicants Applying Through an Aide</b> - <i>Consultant teams will need a letter of authorization from the applicant to submit</i> - <i>If an employee of the applicant is submitting, use a Designation of Qualified Manager form (page 13)</i>		
15	<b>Copy of Municipal Code pertaining to Dance Hall Police Permit</b> ( <i>For informational purposes only</i> )		



# Arcade, Game

## Section 103.101.3

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

***\*Your business must be registered in California to do business in this state.***

<b>Additional Forms Needed To Complete Application Per Business Entity Type</b>	<b>Select Applicable</b>
<b>Sole Proprietorship</b>	
<b>Partnership</b> - A Partnership agreement naming all partners; <b>or</b> - Certificate of Limited Partnership for limited partners certified by the Secretary of State	
<b>Limited Liability Companies (LLC)</b> - Articles of Organization - Operating Agreement (Identifying all members) - Fictitious name statement (certified by the State) - All members with a controlling interest of 5% or more shall apply	
<b>Corporation (C-Corp, S-Corp and Professional Corp)</b> - Corporate Resolution or Meeting Minutes (Identifying officers and signed by Corporate Secretary) - Articles of Incorporation (Certified by the State of CA); if out of State submit equivalent - Copy of Stock Certificates - All officers and all persons owning a controlling interest in a non publicly traded corporation	

***\*All forms detailed above must be submitted according to the business entity the applicant(s) is filing as. Any forms not completed or provided at the time of submission will result in an incomplete application. Incomplete application will not be accepted for processing by any permit staff.***



# Business Information- Face Sheet

*A Face Sheet must be completed for each permit type for each location. For example, if a business needs a Massage Permit and a Bath permit, two Face Sheets must be completed.*

## For Police Commission Use Only - Do Not Write In This Section

Type of Permit: _____	ARCADE, GAMES
PC Account No: _____	
PC File No: _____	
Grant Date: _____	CID Staff Stamp Here
LAPD Area: _____	
RD No: _____ Council District No: _____	

## Complete All Fields - Do Not Leave Anything Blank

**Type of Business Entity: (Please check one)**

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Liability Company (LLC): \_\_\_\_\_  
Corporation \_\_\_\_\_ Non-Profit \_\_\_\_\_ Other: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Doing Business as (DBA): \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If address is same as above, write "same")

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

Email of Business: \_\_\_\_\_



# About the Arcade, Game Business

Account No: \_\_\_\_\_

*Be advised the details furnished on this form will be used in conjunction with the Police Commission inspection to ensure compliance during the inspection. If any part of the information below is changed, resubmit this form by email to [pcpermitapplications@lapd.online](mailto:pcpermitapplications@lapd.online)*

### Complete All Fields - Do Not Leave Anything Blank

Doing Business as (DBA): \_\_\_\_\_

Business Address: \_\_\_\_\_

### Hours of Operation

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Close	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

### Business Information and Details

Is your business currently in operation?  Yes  No *It is illegal to operate without a permit. Permits are non-transferable, based on location not applicant.*

Is your business ready to open?  Yes  No

If not, please explain (use additional pages if needed): \_\_\_\_\_

Business activity, select all that apply:  Live Entertainment  Dance Floor  
 Pool Table  Amusement Machines  Bowling  
*If you checked yes for any of the activities above, you will also need to apply for the applicable permit.*

Number of Amusement Machines: \_\_\_\_\_ Number of Machines Requiring Skills\*, Not Luck: \_\_\_\_\_ *\*Separate permit applies*

Alcohol Beverage Control (ABC) license:  Yes  No Conditions:  Yes  No License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Admission Fee: \_\_\_\_\_ Number of Security Guards: \_\_\_\_\_ Is smoking permitted?  Yes  No

Parking information:  Street Parking  Valet Parking  Auto-Park/Garage Storage  
 Additional parking/valet information (valet company name, auto park address): \_\_\_\_\_

### READ CAREFULLY BEFORE SIGNING

I declare under the penalty of perjury and under the law of the State of California, all information contained on this Police Permit Application and any supplemental documents is true and correct. I understand that all information provided and statements made are subject to investigations and any false statements may be grounds for denial or revocation of permits issued by the Los Angeles Police Commission.

I further declare to remain in compliance with all laws and rules as defined by the Los Angeles Municipal Code, Chapter X. Failure to comply may result in disciplinary action and a filing by the City Attorney and the District Attorney. I sign this on my behalf or on the behalf the business, with full authority to do so.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



# Owners and Applicants Form

*This form must be completed for each owner or person(s) required to apply for the PC Permit, indicating the percentage of ownership for each applicant. The percentage of ownership should add up to 100%; if not, please explain in the space provided.*

Doing Business as (DBA): \_\_\_\_\_

Name (All Required Applicants)	Title (President, CEO, CFO, Secretary, etc.)	Percent of Ownership
Total Percentage of Ownership		

*If the percentage of ownership does not add up to 100%, explain below:*

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# Personal Application

*Per LAMC Chapter X, all owners and partners must complete the required forms. Providing incomplete or inaccurate information may delay or impede the processing of your application. False or misleading information on these forms may result in legal consequences.*

## Applicant Personal Information - Do Not Leave Anything Blank

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License/ID: \_\_\_\_\_ State: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

## Applicant History - Do Not Leave Anything Blank

If married, will your spouse be involved with the business? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If you answered yes and are applying as a sole proprietor or partnership, your spouse must apply.)*

Have you ever used any other names in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list other names used: \_\_\_\_\_

List previous permits held: \_\_\_\_\_

Have you ever been denied, suspended or revoked a Police Commission Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested for a crime resulting in a conviction? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "YES," please provide details:

Date: \_\_\_\_\_ City: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

***\*Use additional pages if needed.***

### **READ CAREFULLY BEFORE SIGNING**

I declare under the penalty of perjury and under the law of the State of California, all information contained on this Police Permit Application and any supplemental documents is true and correct. I understand that all information provided and statements made are subject to investigations and any false statements may be grounds for denial or revocation of permits issued by the Los Angeles Police Commission.

***All applicants not present to sign must have this application form NOTARIZED. The notary shall stamp and sign this form or provide the proper Acknowledgement/Jurat. The document must be titled "Application for Police Permit" or it will not be accepted.***



***DO NOT SIGN UNTIL INSTRUCTED TO DO SO - Must be witnessed by a Deputy City Clerk or prepared by a Notary Public.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**\*\*\*FOLLOW INSTRUCTIONS BELOW\*\*\***

ORI: CA0194200 Type of Application: LICENSE CERT OR PERMIT  
Job Title or Type of License, Certification or Permit: \*\*\*\*\*-> POLICE COMMISSION PERMIT

Agency Address Set Contributing Agency:  
LAPD (CAPDLOS ANGELES) 14923 ← **LAPD has many codes. Use this.**  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)  
700 E. TEMPLE ST. STE B22  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)  
LOS ANGELES CA 91351 (213) 996-1210  
City State Zip Code Contact Telephone No.

**\*\*\*ENTER INFORMATION FOR 1 – 11b\*\*\* Live Scan Operator: Be sure to enter all items.**

Name of Applicant: 1  
(please print) Last First MI  
Alias: 2 Driver's License No. 3  
Last First 5  
Date of Birth: 4 Sex:  Male  Female Misc. No. BIL- N/A  
Height: 6 Weight: 7 Agency Billing Number  
Eye Color: 8 Hair Color: 9 Misc No: \_\_\_\_\_  
Place of Birth: 10 Home Address: 11a  
11b Street or P.O. Box  
City, State and Zip Code  
SOC: **\*\*\*DO NOT ENTER SOCIAL SECURITY\*\*\***

**\*\*\*MAKE TWO COPIES. GO TO LIVE SCAN CENTER.\*\*\***

Your Number: TRC# Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)  
If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
Employer Name **\*\*\*DO NOT USE THIS SECTION\*\*\***  
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)  
City State Zip Code ( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator  
Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed

LAPD 02/2016  
**GIVE COPIES OF FORM:**  
ORIGINAL-Live Scan Operator; SECOND COPY-SEND TO LAPD; THIRD COPY-Keep  
BCII 8016 (Rev 04/01)





# Zoning and Use Clearance Form

PC Permit Type (*Limit 1 per form*):                     ARCADE, GAME                                         P-510                    

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Located between streets: \_\_\_\_\_

**LADBS USE ONLY-- INSPECTOR TO ANSWER ALL ENTRIES BELOW**

<b>Zone:</b> _____ LADBS Permit Type: _____ LADBS Permit No. : _____ Business shown ____ is ____ is not <b>A PERMITTED USE</b> Business shown ____ is ____ is not <b>A PERMITTED USE BY THE OCCUPANCY RECORD</b>
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<i>*Applicant Note – Additional Building and Safety and/or Zoning requirements may be applicable and imposed.</i>	
<b>Is a Conditional Use Permit Required?</b>	<b>Yes</b> ____ <b>No</b> ____
CUP ZA No. _____ ( <i>Please provide copy</i> )	
Has the USE been vacated for greater than one year?	<b>Yes</b> ____ <b>No</b> ____

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LADBS Signature: \_\_\_\_\_ Place Stamp Here  
LADBS Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Contact No: \_\_\_\_\_

**Building and Safety Locations:** Open to the Public - Appointment only (www.ladbs.org)

Downtown Los Angeles: 201 N. Figueroa Street, First Floor, Los Angeles, 90012

Hours of Operation: Monday through Friday, 7:30 a.m. to 4:30 p.m.  
Drop-Off/Pick-up Only

**Van Nuys:** 6262 Van Nuys Blvd #251, Van Nuys, 91401 Hours:  
Monday, Tuesday, Thursday, Friday, 7:30 a.m. to 4:00 p.m.  
Wednesday: 9:00 a.m. to 4:00 p.m.

**West Los Angeles:** 1828 Sawtelle Blvd, Los Angeles, 90025  
Hours: Monday, Tuesday, Thursday, Friday, 7:30 a.m. to 4:00 p.m.  
Wednesday: 9:00 a.m. to 4:00 p.m.

The Los Angeles Police Commission will not issue a permit for any business activity which is not allowed at a location by the Zoning Administration. Be advised that this form is only valid if signed, dated, stamped and all fields on the form are completely filled out by a representative of the Department of Building and Safety. All incomplete forms **will not** be accepted and will delay the application process.

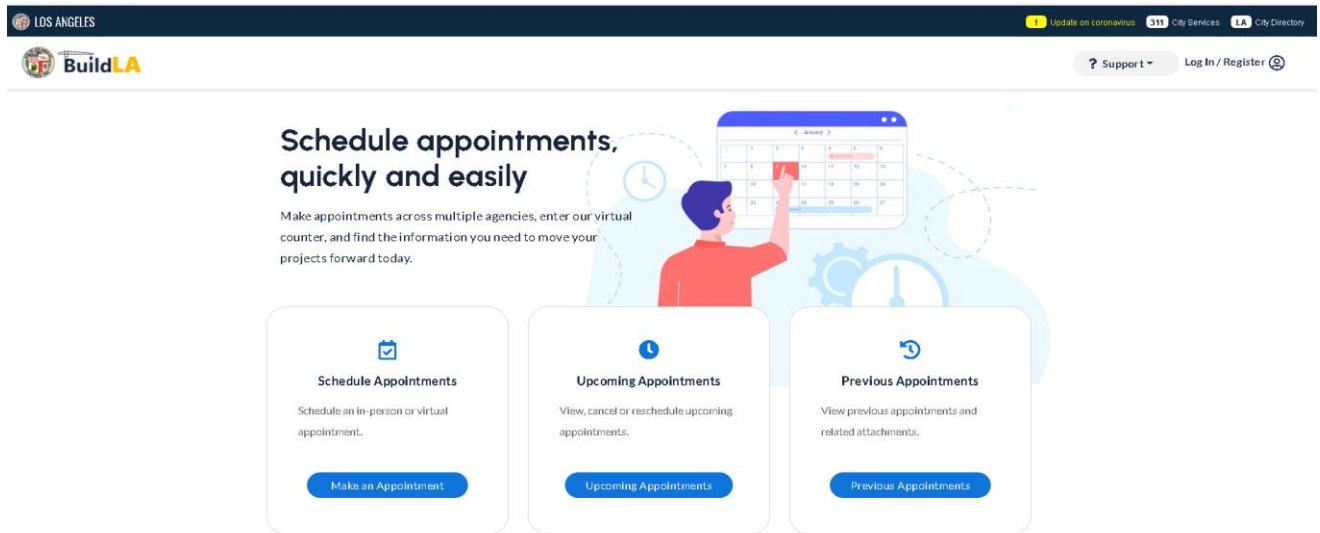
## Zoning and Use Clearance Form Procedure

Please use the following steps to complete your Zoning and Use Clearance Form:

**Step 1:** Make a “New Submittal” appointment with LADBS, using the following BuildLA link:

<https://appointments.lacity.org/apptsys/Public/Account>

**Step 2:** Click “**Make an Appointment**” located in the “Schedule Appointment” Tab



**Step 3:** In the “Lets Get Started” dialog box make the following selections:

Agency/Department-**Building and Safety (LADBS)**

Select Service-**Building Plan Check – New plan check submittal**

Select Office- **LADBS – Metro (Downtown) 4<sup>th</sup> Floor**

**Let's Get Started**

Select Agency/Department

Select Service [Don't See your Service?](#)

Select Office

[< Back](#) [Next](#)

At your appointment time, LADBS will screen your request and documents and assign them to a LADBS engineer to review your request for approval. Additional documents may be requested.

Los Angeles Department of Building and Safety (LADBS) -201 N. Figueroa St., First Floor, Los Angeles 90012 Phone: 311 or (213) 473-3231



# Publication Information

*The permit you are applying for requires publication in a newspaper local to the area where you will be operating. Use the instructions below to complete this requirement.*

## Applicant Instructions

1. Fill out the example form below, the public notice should be published accordingly.
2. Use an English newspaper with general circulation in the area of your business. Note that newspapers covering a smaller area are generally less expensive and some newspapers publish once a week. Plan ahead to minimize the cost of your publication.
3. Publish the notice and present proofs with to complete your application.
  - a. The notice should be published twice, at least 5 days apart.
  - b. The first printing cannot be before your in-person appointment.
  - c. The last printing must be 21 days or less from the day you file the application.

## Example Publishing Timeline

<b>Application appointment date:</b>	January 1st
<b>First day notice can print:</b>	January 1st
<b>Days last notice can print:</b>	January 5th - January 22nd

## NOTICE OF APPLICATION FOR POLICE PERMIT

Notice is hereby given that application has been made to the Board of Police Commissioners for a permit to conduct a:

ENTITY NAME: \_\_\_\_\_  
[Type of Business]

DOING BUSINESS AS: \_\_\_\_\_

LOCATED AT: \_\_\_\_\_

Any person desiring to protest the issuance of this permit shall make a written protest before \_\_\_\_\_ to the  
[Date]

LOS ANGELES POLICE COMMISSION  
100 West First Street  
Los Angeles, CA 90012

Upon receipt of written protests, protesting persons will be notified of date, time, and place for hearing.

BOARD OF POLICE COMMISSIONERS



# Affidavit of Property Owner - Consent to Operate

Complete this form **only** if your lease agreement does not indicate the usage. This form must be notarized or signed before a Deputy City Clerk. If providing a notary form, be sure the document is titled "Affidavit of Property Owner - Consent to Operate."

### Type(s) of Permit(s) applying for:

Doing Business as (DBA): \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

Live Entertainment

Dance Floor

Type of Permit (select all that apply):

Pool Table

Amusement Machines

Bowling

### Property Owner Information - Do Not Leave Anything Blank

Legal Name of Lessor: \_\_\_\_\_  
(Must match lease)

Lessor Business Address: \_\_\_\_\_  
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lessor Mailing Address: \_\_\_\_\_  
(If same as address above, write "same.")

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

### For Notary Public Use Only

I, \_\_\_\_\_, being duly sworn, depose and say that I am the owner and/or authorized agent of the real property involved in the application and do hereby consent to the filing of a Police Permit Application and to the permitted activities. (Notarized Form attached)

\_\_\_\_\_  
Signature of Notary Public

Notary Public Stamp Here

State ID: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Deputy City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



# Designation of Qualified Manager

(I/We) \_\_\_\_\_  
Permit Holder's/Permit Applicant's Full Legal Name

Doing Business As \_\_\_\_\_, designate the following \_\_\_\_\_ person(s)  
Business Name (Doing Business As) number

\_\_\_\_\_  
Full Legal Name of Qualified Manager State Identification Number

\_\_\_\_\_  
Full Legal Name of Qualified Manager State Identification Number

as my/our Designated Manager, to represent (me/us) before the Los Angeles (Commission), Los Angeles Police Department, or any office or department of the City of Los Angeles with respect to (all) my police permit(s).

Said Designated Manager is authorized to receive information about all accounts related to police permits held by me/us including permit applications, history, status, disciplinary action, fees, payments taxes, and other information used by the City to transact business on police permits. Said Designated Manager is authorized to transact business in connection with police permits, including opening and closing accounts, applying for permits, canceling permits, giving oral and written information, and to perform any act or thing whatsoever concerning police permits in every aspect as (I/we) could do were (I/we) personally present. The Designated Manager has the authority to legally and financially bind the permit holder.

This Designation of Qualified Manager revokes all earlier Designation of Qualified Manager forms and shall be in full force and effect until written revocation is received by the Commission or until a new form is requested by the Commission and executed by me/us.

The undersigned permit holder(s)/applicant(s) further certifies that this Designation of Qualified Manager was completely filled in at the time of this execution.

I read, write, and understand English, or I have had the permit process and all documents, including this Designation of Qualified Manager form sufficiently explained to me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year Master Account Number

This form MUST BE NOTARIZED.

\_\_\_\_\_  
Permit Holder's/Applicant's Full Legal Name—Printed or Typed

The NOTARY FORM MUST STATE THE TITLE OF THIS DOCUMENT AS "Designation of Qualified Manager" or the form will not be accepted. Notary, see additional instructions below.

\_\_\_\_\_  
Permit Holder's/Applicant's Signature(s)

**Notary must complete the information below:**

Notary's street address: \_\_\_\_\_

Notary's city, state, and zip code: \_\_\_\_\_

Notary Public's Phone #: \_\_\_\_\_

Notary Public's email address (optional): \_\_\_\_\_

After receipt and review of the completed form, this Designation of Qualified Manager will be applied to all permit holder accounts. This form is to be utilized for the establishing of the Qualified Manager only, and the Qualified Manager is responsible for contacting the City to request any information or complete any transaction.

The following is an excerpt of the Los Angeles  
Municipal Code outlining the City law regarding  
Arcade, Game police permits.

Section 103. 101.3 Arcade, Game

**SEC. 103.101.2. COMPLIANCE BY EXISTING PERMITTEES.**

**(Amended by Ord. No. 175,676, Eff. 1/11/04.)**

All picture arcade permittees must comply with the provisions of Section 103.101.1 upon its effective date, except that permittees must comply with Subsection (c)(3) within 30 days of the effective date of that section and Subsection (c)(4) within 180 days from the effective date of that section.

**SEC. 103.101.3. GAME ARCADE.**

**(Former Sec. 103.101.1 Renumbered by Ord. No. 175,676, Eff. 1/11/04.)**

(a) **Game Arcade Defined.** As used in this article, "Game Arcade" shall mean any place to which the public is admitted wherein five or more coin or slug-operated, or electrically, electronically or mechanically controlled amusement machines are maintained. **(Added by Ord. No. 150,184, Eff. 11/7/77.)**

(b) **Permit Required.** No person shall operate, maintain, manage or conduct a game arcade without a written permit for the Board. **(Added by Ord. No. 150,184, Eff. 11/7/77.)**

(c) **Persons Under 16. (Amended by Ord. No. 150,184, Eff. 11/7/77.)** No person under 16 years of age shall be permitted to enter or remain in a game arcade between the hours of 10:00 P.M. and 9:00 A.M. unless:

(1) Such person is accompanied by such person's parent or guardian;

(2) Such number of readily identifiable State licensed security guards or private security guards, as required by order of the Board of Police Commissioners, are on duty in and about the game arcade.