

TOWNSHIP OF PENNSAUKEN, CAMDEN COUNTY
APPLICATION FOR COIN-OPERATED AMUSEMENT DEVICES
ORDINANCE 97

PLEASE READ CAREFULLY:

APPLICATION WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS COMPLETELY FILLED IN. THE FILING OF FALSE INFORMATION IS CAUSE FOR DENIAL OF LICENSE AND COULD RESULT IN FILING OF CHARGES AGAINST APPLICANT FOR VIOLATION OF NJS 2C:23-3.

1. Address of premises to be licensed: _____

Trade Name: _____

2. List name, address, phone number, social security number and date of birth of owner/s of business or principal officers if business is a corporation or partnership:

NAME _____ PHONE _____

ADDRESS _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

NAME _____ PHONE _____

ADDRESS _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

NAME _____ PHONE _____

ADDRESS _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

3. Number of Coin-Operated Amusement Devices _____

The proprietor of the licensed establishment shall be responsible for refunds of monies deposited in mal-functioning devices and all mal-functioning equipment shall be disconnected with the coin slot taped.

4. Vending company supplying devices:

NAME _____ PHONE _____

ADDRESS _____

DATE _____

SIGNATURE OF APPLICANT & TITLE