



TOWNSHIP OF PENNSAUKEN
5605 N. CRESCENT BLVD
PENNSAUKEN, NEW JERSEY 08110

APPLICATION FOR COIN-OPERATED AMUSEMENT DEVICES
CHAPTER 97

COIN OPERATED LICENSE \$ _____ PER YEAR (SEE ATTACHED)

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____

LIST NAME, ADDRESS, PHONE NUMBER, SOCIAL SECURITY NUMBER AND DATE OF BIRTH
OF OWNER(S) OF 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 _____

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

VENDING COMPANY SUPPLYING DEVICES:

NAME _____ PHONE _____

ADDRESS _____ DATE _____

SIGNATURE OF APPLICANT & TITLE

