

WASHINGTON TOWNSHIP1021 Washington Boulevard
Bangor, PA 18013-9415*Established*
1871*Phone: 610-588-1524*
*Fax: 610-588-0245***2024 AMUSEMENT DEVICE LICENSE APPLICATION****A. PROPERTY INFORMATION:**

1. Property Location: _____
2. Property Owner's Name: _____ Phone: _____
3. Property Owner's Address: _____

B. BUSINESS INFORMATION

1. Business Name: _____ Phone: _____
2. Business Address: _____
3. Business Owner's Name: _____ Phone: _____
4. Business Owner's Address: _____
5. Days & Hours of Operation: _____

C. Device Owner:

Name: _____

Address: _____

D. Description of Each Device to be Licensed and Operated:

Trade Name	Serial #	Manufacturer	No. of Devices

E. Number of Devices

\$20 for each of the first (4) coin operated devices _____ x \$20 = _____

\$10 for each additional device _____ x \$10 = _____

(Juke Boxes are N/A)

F. BUSINESS OWNER'S STATEMENT:

I have read the requirements of the Amusement Device License Application and agree to comply fully with all the requirements of the amusement Device Ordinance. I hereby certify that all the information contained in this an application is true and correct according to my knowledge.

Business Owner's Signature: _____ Date: _____

(For Township Use Only)

Amount paid _____ Check/ Cash/ Money Order # _____

Received by Township Official: _____ Date: _____