

WASHINGTON TOWNSHIP

1021 Washington Boulevard ~ Bangor, PA 18013-9415

Phone: 610-588-1524

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AMUSEMENT DEVICE LICENSE APPLICATION

A. Property Information:

Property location: _____

Property Owner's Name: _____ Phone: _____

Property Owner's Address: _____

B. Business Information

Business Name: _____ Phone: _____

Business Address: _____

Business Owner's Name: _____ Phone: _____

Business Owner's Address: _____

Days & Hours of Operation: _____

Type of Business: _____

C. Device Owner:

Name: _____ Phone: _____

Address: _____

D. Description of Each Device to be Licensed & 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) TOTAL = _____

F. Business Owner's Statement:

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

Business Owner's Signature

Date

FOR TOWNSHIP USE ONLY

Amount Paid: _____ Cash/Check/Money Order No. _____

Received by Township Official: _____ Date: _____