| acens | se No: | | Date of Application | | | |
|-------|--|-------------|--------------------------|--|--|--|
| | J AL FEE: \$150 Operator A or B (circle one) | | | | | |
| | | | CITY CLERK , NJ 07065 | | | |
| | APPLICATION | FOR AMUSEM | ENT MACHINES AND DEVICES | | | |
| 1. | Name of Business: | | | | | |
| | Address: | | | | | |
| | Talanhana Numbar | | | | | |
| 2 | Telephone Number: | | | | | |
| 2. | | | | | | |
| | Address: | | | | | |
| | Telephone Number: | | Social Security No.: | | | |
| | Age: | | Birth date: | | | |
| 3. | PERSON AUTHORIZED TO ACCEPT PROCESS OF SERVICE: (legal paper): | | | | | |
| | Name: | | | | | |
| | Address: | | | | | |
| 4. | Manager of Agent in charge of | f business: | | | | |
| | Name: | | | | | |
| | Address: | | | | | |
| | Telephone Number: | | | | | |
| | Birth date: | Age: | Social Security No.: | | | |

6. Attach Corporate Resolution (if applicable) authorizing license application.

- 7. Indicate scheduled floor plan of licensed premise. (on separate sheet of paper)
- 8. List, on separate sheet of paper, each machine (type), manufacturer, serial number and location.
- 9. DISTRIBUTOR IF MACHINES ARE LEASED OR RENTED:

NUMBERS.

| N | lame: | | |
|---|------------------|--|--|
| А | ddress: | | |
| | | | |
| Т | elephone Number: | | |

SECURITY NUMBER, AGE, BIRTH DATE, HOME AND BUSINESS TELEPHONE

10. Attach a Fire Department Certification of posting Use Group, Live and Occupancy load.

YOU ARE ADVISED THAT THIS FORM AND THE INFORMATION PROVIDED THEREON IS SUBJECT TO RELEASE TO THE PUBLIC UNDER THE OPEN PUBLIC RECORDS ACT

| | Signature & title of Applicant | | |
|---|-------------------------------------|--|--|
| SWORN AND SUBSCRIBED BEFOR | RE | | |
| ME THIS DAY OF | | | |
| 20 | | | |
| | | | |
| Signature & Seal of Notary | | | |
| DO NOT WRITE BEI | LOW THIS LINE FOR OFFICIAL USE ONLY | | |
| Police Dept. – Approved () Disapproved | d () | | |
| Date: | Signature | | |
| Comments: | | | |
| Fire Dept Approved () Disapproved (|) Signature | | |
| Date: | Signature | | |
| Comments: | | | |
| Building Dept. – Approved () Disapprov | ved () | | |
| Date: | | | |
| Comments: | | | |