



You couldn't pick a better place.

Mayor Susan Shin Angulo

Patti Chacker Township Clerk Registrar of Vital Statistics

COIN OPERATED AMUSEMENT DEVICE LICENSE APPLICATION

APPLICANT

NAME: CORPORATE NAME (if different): MAILING ADDRESS: PHONE: FAX: EMAIL:

OWNER OF DEVICE(S) - (if other than applicant named above)

OWNER'S NAME: CORPORATE NAME (if different): MAILING ADDRESS: PHONE: FAX: EMAIL:

LOCATION OF DEVICE(S)

TYPE/CHARACTER OF OPERATION: CORPORATE NAME (if different): TRADE NAME OF LOCATION: MAILING ADDRESS: PHONE: FAX: EMAIL:

NUMBER OF DEVICES

(NOTE: Each device must have a valid decal or the owner of said device is subject to fines and penalties)

OPERATING DAYS OF THE WEEK:

HOURS OF OPERATION:

FEES: \$150.00 per device

(PLEASE NOTE: All Licenses are assessed a late fee \$100.00 if renewed after January 31st)

The undersigned duly authorized agent of the applicant does hereby state that the above facts are true and correct and hereby authorizes the Cherry Hill Township Police Department to conduct full investigations into the background and activities of all persons listed on this application.

DATE SIGNATURE

For office use only

Amount Paid Date Receipt #