



BOWLING ALLEY LICENSE APPLICATION

Patti Chacker
Township Clerk

OWNER / APPLICANT

OWNER'S NAME: _____

CORPORATE NAME (if different): _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

LOCATION

TRADE NAME OF BUSINESS: _____ NUMBER OF LANES _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

OPERATING DAYS OF THE WEEK: _____ HOURS OF OPERATION: _____

Names & Addresses of ALL PARTNERS _____

Names & Addresses of ALL STOCKHOLDERS _____

Names & Addresses of ALL OFFICERS _____

(ATTACH SEPARATE SHEETS IF NECESSARY)

Has any owner, partner, officer of the corporation or stockholder or applicant for this license ever been convicted of a violation of any Federal, State or Municipal law? Yes No

FEES: \$250.00 PER YEAR and \$25.00 per LANE

(PLEASE NOTE: All Licenses are assessed a late fee of \$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.

SIGNATURE

DATE

.....
FOR OFFICE USE ONLY

Police Chief: _____ Approved _____ Denied _____ Date _____

Tax Collector: _____ Approved _____ Denied _____ Date _____

Township Council: _____ Approved _____ Denied _____ Date _____

Amount Paid _____ Date _____ Receipt # _____

CHECKS / MONEY ORDERS should be made PAYABLE to CHERRY HILL TOWNSHIP