



# COIN OPERATED AMUSEMENT DEVICE LICENSE APPLICATION

**Patti Chacker**  
Township Clerk

**APPLICANT**

NAME: \_\_\_\_\_ CORPORATE NAME: \_\_\_\_\_

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 DEVICES**

TYPE/CHARACTER OF OPERATION: \_\_\_\_\_

CORPORATE NAME (if different): \_\_\_\_\_

TRADE NAME OF LOCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NUMBER OF DEVICES: \_\_\_\_\_ **\*\* Please attach LIST OF DEVICES \*\***

OPERATING DAYS OF THE WEEK: \_\_\_\_\_ HOURS OF OPERATION: \_\_\_\_\_

**FEES: \$150.00 ANNUALLY per DEVICE**

**(PLEASE NOTE: All Licenses are assessed a late fee of \$100.00 PER DEVICE if renewed after January 31<sup>st</sup>)**

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**  
.....

Town Council Approval \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_

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