



You couldn't pick a better place.

Mayor
Susan Shin Angulo

Patti Chacker
Township Clerk
Registrar of Vital Statistics

BOWLING ALLEY LICENSE APPLICATION

OWNER / APPLICANT

OWNER'S NAME: _____

CORPORATE NAME (if different): _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

LOCATION

TRADE NAME OF BUSINESS: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

NUMBER OF LANE's _____

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 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

Police Chief: Approved _____ Denied _____ Date _____

Tax Collector: Approved _____ Denied _____ Date _____

Township Council: Approved _____ Denied _____ Date _____

Amount Paid _____ Date _____ Receipt # _____