



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 # _____