

TOWNSHIP OF BLOOMFIELD
APPLICATION FOR AUTOMATIC AMUSEMENT DEVICE LICENSE
2017

Application Fee: \$100.00
License Fee: \$350.00

Date Filed: _____
Amount Paid: _____

PLEASE NOTE: APPLICATION FEE IS NON-REFUNDABLE. LICENSE FEES ARE PAYABLE UPON ISSUANCE OF LICENSE.

Applicant's Name: _____ Telephone No.: _____

Home Address: _____ Date of Birth: _____

Name, Address and Telephone _____
Number of Business Where _____
Amusement Device is Located: _____

A.B.C. License? Yes ____ No ____ If "Yes," License Number: _____

Name And Type Of Machine(s)
Sought To Be Licensed: _____
Machine Manufacturer: _____
Model Number: _____ Serial Number: _____
PLEASE NOTE - YOU MUST ATTACH A FLOOR PLAN SHOWING THE LOCATION OF THE MACHINE(S) ON THE PREMISES. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING DENIED!

Has the Applicant, or anyone connected with the operation of the business, ever been convicted or pleaded guilty to any one or more of the following:

- A. A crime relating to narcotics or a controlled dangerous substance, as defined in the Statutes of the State of New Jersey? Circle One - YES or NO.
- B. A crime pertaining to gambling or gaming, in violation of the Statutes of the State of New Jersey? Circle One - YES or NO.
- C. A crime involving moral turpitude, in violation of the Statutes of the State of New Jersey? Circle One - YES or NO

If "Yes" to any of the above, please provide details: _____

Sworn to and subscribed to before me, this _____ day of _____, 20____.

Notary Public of the State of New Jersey

Applicant's Signature

DO NOT WRITE BELOW THIS LINE

Approved by:

Police Director: _____

Fire Official: _____

Health Officer: _____

Dir. Of Insp.: _____