**BOROUGH OF LITTLE FERRY**
215-217 Liberty St,
Little Ferry, NJ 07643
(201) 641-9234

## APPLICATION FOR COIN-OPERATED AMUSEMENT DEVICES OR MACHINES

**Section 1: Applicant Information**

Name of Business:_____Date: _____

Business Address _____

Full Name of Business Owner: _____

Social Security Number: _____

Telephone:_____Email:_____

Has Applicant been previously licensed to maintain coin-controlled amusement devices for use by the public?

**Y** _____**N** _____

Has Applicant ever previously applied for such a license? **Y** _____**N** _____

If previously Licensed, has Applicant's License ever been revoked or suspended? **Y** _____**N** _____

If **Yes**, state the reason: _____

**Section 2: Firm Information**

Firm Type: Corporation_____Partnership _____LLC_____Or Sole Proprietorship_____

Firm Name:_____

Principal Officer 1:_____

Address:_____

Social Security Number:_____Business Telephone: _____

List last (2) Previous Addresses:

Dates (From-To): _____Address:_____

Dates (From-To): _____Address:_____

Principal Officer 2: _____

Address:_____

Social Security Number:_____Business Telephone: _____

List last (2) Previous Addresses:

Dates (From-To): _____Address:_____

Dates (From-To): _____Address:_____

**Section 3: Amusement Device Establishment Information**

Name of Establishment: _____

Address of Establishment: _____

Type of Establishment: _____

Full Name of Registered Device Agent (if Different from Establishment Owner): _____

Home Address: _____

Social Security Number:_____Business Telephone: _____

Full Name of Establishment Manager (if Different from Establishment Owner): _____

Home Address: _____

Social Security Number:_____Business Telephone: _____

Has the Applicant/Owners/Managers/Agents ever been convicted of any crime or violation under the laws

of New Jersey? **Y**_____**N**_____

If **Yes**, explain:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Each Person shall voluntarily submit to the taking of his/her fingerprints so that a proper investigation can be expedited.

**Section 4 : Amusement Device Information**

Number of Device(s) or Machine(s) to be Licensed: _____

List Each Type of Machine/Device:

Name of Machine: _____ Manufacturer: _____

Serial Number: _____

Name of Machine: _____ Manufacturer: _____

Serial Number: _____

Name of Machine: _____ Manufacturer: _____

Serial Number: _____

Name of Machine: _____ Manufacturer: _____

Serial Number: _____

Name of Machine: _____ Manufacturer: _____

Serial Number: _____

Attach a schematic diagram of the structure housing the devices or machines, showing the location of the devices or machines; the access, egress, and aisles; and any obstruction to pedestrian access and movement must be attached.

Applicant agrees to abide by and comply with all the laws of the State of New Jersey and to comply with all the ordinances, rules and regulations of the Borough of Little Ferry governing the operation of an Amusement Device, or other Amusement Machines.

By Signing this Application, the Applicant Affirms that he/she has read and understands all the Provisions of the Code of the Borough of Little Ferry with Respect to the License.

Date: _____ Signature: _____

Printed Name: _____