AMUSEMENT MACHINE LICENSE APPLICATION

DATE _____

OWNER OF MACHINE_____

ADDRESS OF
OWNER_____

LOCATION OF MACHINE_____

NAME, ADDRESS & PHONE NUMBER OF PERSON IN CHARGE OF MACHINE

_____

_____

_____

PLEASE LIST EACH MACHINE OR GAME AT THIS LOCATION BELOW:

_____

_____

_____

_____

_____ _____

SIGNATURE OF MACHINE OWNER DATE

Please return this form & amount due to:

City Clerk's Office
330 Ford Street
Ogdensburg, NY 13669

Verified by Police Dept._____