

**TOWNSHIP OF CEDAR GROVE
ESSEX COUNTY NEW JERSRY**

APPLICATION FOR LICENSE FOR MECHANICAL AMUSEMENT GAMES

DATE _____

The undersigned hereby makes application for license as indicated below:

Name of Applicant _____ Phone No. _____

Address _____

Description of Business _____

Address of Business _____

Does applicant own premises? _____ If not, give name and address of owner:

Will all licenses or permits necessary to the lawful conduct of the business be obtained? _____

Description of Mechanical Amusement Device(s) _____

Serial Number(s) _____

The applicant agrees, if license is issued, to comply with all Federal, State and Local regulations which may apply.

The applicant consents that the licensed premises may be inspected at any time by the Health Officer of Cedar Grove or other municipal officers as deemed necessary, upon proper presentation of their credentials at time of inspection.

I certify to the correctness of the foregoing statements.

Date _____

Signature of Applicant

PLEASE CHECK ONE:

- | | |
|--|------------|
| <input type="checkbox"/> Coin-Operated Mechanical Games (Maximum of 4 games permitted) | \$200 each |
| <input type="checkbox"/> Jukebox | \$ 35 each |