

TOWNSHIP OF WAYNE
CLERK'S OFFICE
475 VALLEY ROAD
WAYNE, NJ 07470

YEAR \_\_\_\_\_
NEW \_\_\_ OR RENEWAL \_\_\_

APPLICATION - AMUSEMENT MACHINE DISTRIBUTOR LICENSE

TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN IT'S ENTIRETY
(Please make checks payable to Township of Wayne & submit with application to the Township Clerk's Office)

Please circle one:

NAME of CORPORATION, PARTNERSHIP, LLC, or INDIVIDUAL: \_\_\_\_\_

ADDRESS (OFFICE): \_\_\_\_\_ TEL.# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

FAX # \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LOCATION OF GAMES ARE TO BE LISTED ON THE REVERSE SIDE

If Corporation or LLC, please give Contact Name & Emergency Telephone Number:

Please circle one:

PARTNERSHIP, LLC or INDIVIDUAL, LIST NAME, ADDRESS & PHONE NO. OF EACH MEMBER:

NAME HOME ADDRESS HOME PHONE NO.

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

IF APPLICANT IS INCORPORATED, STATE WHERE: \_\_\_\_\_ (STATE)

NAME HOME ADDRESS HOME PHONE NO.

PRESIDENT \_\_\_\_\_

SECRETARY \_\_\_\_\_

Registered Agent or person upon whom service of process is authorized to be made:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(If applicant is an individual, list age and date of birth)

Has applicant (any individual, any member of Firm, Partnership, Association or Corporation) ever been convicted of a crime? \_\_\_\_\_

Explain nature of offense: \_\_\_\_\_

Total number of mechanical amusement devices which the applicant will distribute: \_\_\_\_\_

Table with columns: FEE, JUKE BOXES, and amounts. Includes rows for 1 TO 5, 6 TO 10, 11 TO 20, and 21 OR MORE.

License expiration date: JUNE 30TH OF EACH YEAR

I CERTIFY THAT THE INFORMATION CONTAINED HEREON AND ATTACHED HERETO IS COMPLETE, ACCURATE, AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature Date

Print Name & DATE OF BIRTH (If applicant is an Individual)

FOR OFFICE USE ONLY:

Fee Paid & Date \_\_\_\_\_ Check No: \_\_\_\_\_ Cash: \_\_\_\_\_

No. of Games: \_\_\_\_\_ Juke Box: \_\_\_\_\_ Police Dept. \_\_\_\_\_ Council \_\_\_\_\_

1. Name of Location where machines are located: \_\_\_\_\_.

Address \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

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Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

2. Name of Location where machines are located: \_\_\_\_\_.

Address \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

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Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

3. Name of Location where machines are located: \_\_\_\_\_.

Address \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

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Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

4. Name of Location where machines are located: \_\_\_\_\_.

Address \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

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Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

5. Name of Location where machines are located: \_\_\_\_\_.

Address \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

Type Of Machine \_\_\_\_\_ Serial No. \_\_\_\_\_ Mfg. \_\_\_\_\_

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