

Borough of Berwick
APPLICATION FOR AMUSEMENT LICENSE

Name of Establishment / Business: _____

Address of Establishment / Business: _____
(No Post Office Box)

Owner of Establishment / Business: _____

Address of Owner of Establishment / Business: _____
(No Post Office Box)

Name of Person Conducting Business: _____

Address of Person Conducting Business: _____
(No Post Office Box)

Telephone Number of Contact Person: _____

Name of Applicant: _____

Address of Applicant: _____
(No Post Office Box)

Telephone Number: _____

Occupation of Applicant: _____

Length of Residence within Borough: _____

Address of Previous Residence: _____
(No Post Office Box)

Are you a citizen of the United States? (circle one) Yes No

Actual Owner of Machines: _____

Address: _____
(No Post Office Box)

Manufacturer and Nature of Machine(s): _____

I hereby certify that the above is true and correct. I hereby certify that I shall inform the Code Enforcement Office within three (3) days of any changes to or increase in the number of machines. I further understand that this application can be rejected for any reason. I also understand and agree that an approved license can be revoked at any point due to violation of state, federal, or local laws. Lastly, I understand that this license is good for one year from the approval date and shall not be automatically renewed without a new license application being signed.

Applicant's Signature

Date

OFFICE USE ONLY

This is to certify that the above applicant has paid all fees and has been approved for an Amusement License with the Borough of Berwick. The Amusement License Number is _____ for _____ machines in the Borough of Berwick from _____ to _____ unless sooner revoked.

Codes Enforcement Officer

Date

AFFADAVIT FOR REJECTION OR REVOCATION

This section shall be completed by the Codes Enforcement Officer for Office Use Only. This section shall be completed if the Codes Officer rejects or revokes an Amusement License. The Codes Enforcement Officer shall supply the reason for the rejection or revocation in the space provided below, sign and date the affidavit.

Reason for Rejection / Revocation: _____

Codes Enforcement Officer

Date