



UPPER CHICHESTER TOWNSHIP

P.O. BOX 2187 ~ Upper Chichester, PA 19061 ~ Ph: 610.485.5719 ~ Fax: 610.485.3615

DATE: _____

YEAR **2015**

MECHANICAL AMUSEMENT DEVICE REGISTRATION FORM

In compliance with Ordinance No. 423, passed by the Board of Commissioners of the Township of Upper Chichester on the 11th day of August, AD 1983, as supplemented and amended, I/we do hereby make application to the Housing Inspector of the Township of Upper Chichester for a license to maintain and operate mechanical amusement devices.

BUSINESS INFORMATION (Please Print or Type)

BUSINESS NAME: _____

BUSINESS PHYSICAL ADDRESS: _____
Street City State Zip

PHONE: _____ FAX: _____

MAILING ADDRESS: Same as Business Address EMAIL: _____

Street City State Zip

Please choose means of contact: U.S. MAIL FAX EMAIL

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____
City State Zip

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

GENERAL INFORMATION (Please complete all fields)

1. Interest of Applicant to Business place to be licensed: _____

2. Character of Business to be carried on at Business place to be licensed: _____

3. Description of each and every Business to be operated in the Business place: _____

4. Dimensions of all buildings located at Business place: _____

5. Dimensions of area to be occupied by Amusement Device: _____

6. Number of machines to be maintained and operated (supply scale floor plan): _____

7. Zoning Classification of the area in which the Business place is situated: _____

(continued)

8. If Applicant is a firm, corporation, association, partnership, or other legal entity, please provide the following:

- a. Principle place of business of Applicant _____
- b. Other places of business of Applicant _____
- c. Nature of primary business of Applicant _____
- d. Nature of any other business conducted by Applicant _____

I herewith enclose a license fee of \$160.00 per device to be licensed with this application as required by Section 6 of Ordinance No. 423 as supplemented and amended. FEE IS NOT REFUNDABLE.

I hereby certify that I will comply with all of the applicable laws of the Commonwealth of Pennsylvania and all of the ordinances of the Township of Upper Chichester.

I hereby certify that I am the person directly responsible for the maintenance, control and operation of the Amusement Device(s) to be licensed, and shall remain so until such time as the individual taking over the responsibility fills out and executes the appropriate application form with the Township, and I shall comply with all of the provisions of Ordinance No. 423 of 1983, of the Township Upper Chichester.

I hereby further certify that all of the foregoing statements are true and correct to the best of my information and belief.

Name of Applicant (Print)

SIGNATURE OF APPLICANT

Date

TITLE

| | |
|---|---|
| <u>FOR OFFICE USE ONLY</u> | |
| Name of Housing Inspector (Print) _____ | <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Denied</i> |
| Signature of Housing Inspector _____ | Date _____ |

THIS FORM MUST BE COMPLETED AND RETURNED TO UPPER CHICHESTER TOWNSHIP LICENSE & INSPECTIONS DEPARTMENT ALONG WITH THE REQUIRED FEE WITHIN 30 DAYS IN ORDER TO AVOID LEGAL ACTION.