

No. _____

License

Year _____

Calendar

\$ _____

Fee _____ Date Paid _____

**BOROUGH OR RINGWOOD
60 Margaret King Avenue
Ringwood, New Jersey 07456**

**APPLICATION FOR COIN-OPERATED AMUSEMENT DEVICE LICENSE
Limit: 3 Games, Devices or Machines**

Date: _____

The undersigned hereby applies to the Borough of Ringwood for a Coin-Operated Amusement Device License and for that purpose submits the following answers to questions contained in this application:

1. Proprietor of Premises

Full Name _____

2. Permanent Home Address _____

3. Phone Number _____

4. What is the location of Game, Device or Machine? Name, Address and Phone Number of Establishment.

5. What is amount of coin required to operate the said Game, Device or Machine? _____

Description of Game, Device or Machine _____

6. Have you ever been convicted of or pleaded guilty to:

(a) A crime relating to narcotics or a controlled dangerous substance as defined in the Statutes of the State of New Jersey

(yes)

(no)

(b) A crime pertaining to gambling or gaming in violation of the Statutes of the State of New Jersey

(yes)

(no)

(c) A crime involving moral turpitude

(yes)

(no)

7. Fingerprint
Classification _____

8. What type of alcoholic beverage license do you own?

Applicant's Signature

Subscribed and sworn to
Before me this _____
Day of _____, 200__.

Notary Public