

ELIZABETH TOWNSHIP AMUSEMENT DEVICE PERMIT APPLICATION

Vendor information

Vendor's name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Vendor is a citizen of the United States: Yes No

Business establishment where device(s) are located.

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Proprietor: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Proprietor is a citizen of the United States: Yes No

Device information

Manufacturer	Name of machine	Serial Number	Machine type	Fee

I have been provided a copy of Chapter 13 Part 1 Amusement Devices of the Elizabeth Township Code of Ordinances.

I understand that a license does not sanction or condone the use or possession of any illegal gambling device, whether illegal per se or as modified.

I understand that the illegal use or possession of an unlawful gambling device, either per se or as modified, may result in a criminal prosecution by law enforcement officials.

Verification

I hereby state, that the facts set forth in the application are true and correct to my personal knowledge, information or belief, and that any false statements therein are made subject to the penalties of the Crime Code, 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Print name: _____

Signature: _____

Date: _____

Vendor Proprietor