



CITY CLERK'S OFFICE  
CITY OF ENGLEWOOD  
Englewood, NJ 07631  
Phone: (201) 510 - 8212  
Fax: (201) 567- 4395  
Email: ywazirmas@cityofenglewood.org

New ( ) Renewal ( )

Date Filed: \_\_\_\_\_  
License Fee: \$150.00 for one game. Plus  
\$50.00 for each additional game (191-6)  
License No: \_\_\_\_\_  
Granted: \_\_\_\_\_

APPLICATION FOR ARCADE GAMES LICENSE  
City Code Chapter 100 Article IV

1. Name and address of applicant: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Business #: \_\_\_\_\_ Home # \_\_\_\_\_
2. Owner's Name and Address of Premises: \_\_\_\_\_  
\_\_\_\_\_
3. Address of Establishment to be licensed: \_\_\_\_\_
4. Trade or Store Name, if any: \_\_\_\_\_
5. Date & Place of Birth - Applicant/Owner: \_\_\_\_\_
6. Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
7. Manufacture's Name and Address: \_\_\_\_\_  
\_\_\_\_\_
8. Distributors Name and Address: \_\_\_\_\_  
\_\_\_\_\_
9. Amount of Money Required to operate device: \_\_\_\_\_
10. How many of such machines will be on license premises: \_\_\_\_\_
11. Description of Device: \_\_\_\_\_
- |                              |                              |
|------------------------------|------------------------------|
| A. Model #: _____            | A. Model #: _____            |
| B. Serial #: _____           | B. Serial #: _____           |
| C. Common Name: _____        | C. Common Name: _____        |
| D. Dimensions: _____         | D. Dimensions: _____         |
| E. Voltage & Amperage: _____ | E. Voltage & Amperage: _____ |
| F. Charge for Game: _____    | G. Charge for Game: _____    |
12. Floor Plan Sketch: \_\_\_\_\_
13. Have you ever been convicted of a Crime?: \_\_\_\_\_ If "Yes" give full detail: \_\_\_\_\_  
\_\_\_\_\_  
1. Date/s: \_\_\_\_\_ Description of crime: \_\_\_\_\_  
\_\_\_\_\_  
2. Disposition: \_\_\_\_\_

I fully realized that I must comply with all the rules, regulations and ordinance of the City of Englewood.

THIS LICENSE IS NOT TRANSFERABLE

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

APPROVED ( )    DISAPPROVED ( )    DATE: \_\_\_\_\_    POLICE: \_\_\_\_\_

APPROVED ( )    DISAPPROVED ( )    DATE: \_\_\_\_\_    BLD. DEPT: \_\_\_\_\_

APPROVED ( )    DISAPPROVED ( )    DATE: \_\_\_\_\_    FIRE: \_\_\_\_\_