



**CITY CLERK'S OFFICE**  
**CITY OF ENGLEWOOD**  
 Englewood, NJ 07631  
 Phone: (201) 510 – 8212 (8213)  
 Fax: (201) 567- 4395  
 Email: clerk@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: \_\_\_\_\_

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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: \_\_\_\_\_