



City of Bridgeton
Municipal Clerk office
181 E. Commerce Street
Bridgeton, NJ 08302

Phone: 856 455-3230
Fax : 856 451- 5321
www.cityofbridgeton.com

MECHANICAL AMUSEMENT DEVICE
DISTRIBUTOR'S/OPERATOR'S APPLICATION

A Nonrefundable Fee is required due at time of application

Application Received Date: _____ Time: _____

License Applied for Distributor's Owner: Operator's

Name of Applicant: _____ Phone: _____

Applicant's Date of Birth: _____ Social Security# _____

Permanent and Local Address of Applicant: _____

If a Corporation, Name and Address of Registered Agent: _____

_____ Telephone # _____

Address and Description of Operator's Premises: _____

Number and Types of Machines: _____

Name and Address of Distributor: _____

Statement as to whether the applicant has been arrested for any crime of the violation of any Municipal Ordinance or Traffic Offenses, Date and Place of Conviction, Nature of offense and punishment:

Character References, Name Address and Telephone Number

- 1. _____
- 2. _____
- 3. _____

Business References, Name Address and Telephone Number

- 1. _____
- 2. _____
- 3. _____

ACKNOWLEDGMENT

I, _____ hereby acknowledge receipt of a copy of Chapter 80 of the Code Of the City of Bridgeton pertaining to and regulating the conduct of mechanical amusement device license

Signature _____ Date: _____

I do hereby swear that all information contained herein is true and correct and that all City Ordinances and statues of the City of Bridgeton will be complied with accordingly.

Signature of Applicant _____



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RELEASE AUTHORIZATION

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, _____, am making application for licensure in the City of Bridgeton. As a result an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Bridgeton Police Department, or its representatives, any and all information you may have on file pertaining to me, whether this is documentary, oral, or otherwise, that they may request.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature Print Name

Address

Date DOB SS#

Witness Date

OFFICE USE ONLY

Report of investigating officer: Approved Denied

Signature of investigating officer _____ Date _____

Police Comments: _____

Fee Paid \$ _____ License No: _____

Date Issued: _____ Date Completed: _____

Clerk's Comments: _____

