



**BOROUGH OF PARAMUS
OFFICE OF THE MUNICIPAL CLERK
ONE JOCKISH SQUARE
PARAMUS, NJ 07652
(201) 265-2100 / Fax (201) 265-0086**

**APPLICATION FOR MECHANICAL AMUSEMENT DEVICES
BOROUGH OF PARAMUS
COUNTY OF BERGEN**

Date: _____ License # _____

Name of Owner of Machine: _____

Full Address: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____ Place of Birth: _____

Telephone Number: _____ U.S. Citizen: Yes: ___ No: ___

Prior Criminal Convictions, if any _____

Where: _____ When: _____

Name of Operator of Premises _____

Full Address: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____ Place of Birth: _____

Telephone Number: _____ U.S. Citizen: Yes: ___ No: ___

Prior Criminal Convictions, if any _____

Where: _____ When: _____

Name and Address of Place where machine or device is to be displayed:

THIS LICENSE EXPIRES DECEMBER 31ST IN THE YEAR IN WHICH IT WAS ISSUED

Type of Business conducted on premise: _____

Description of machine as follows:

(a) Mechanical features: _____

(b) Name of Manufacturer: _____

(c) Serial Number: _____

Print Name of Applicant: _____

Signature of Applicant: _____ Date: _____

BCI _____

Chief of Police _____

Sworn and Subscribed to
Before me this day of _____