



PLEASE PRINT

PER - 3225

Department of Planning, Engineering and Regulatory Services

AMUSEMENT MACHINE OPERATOR'S LICENSE APPLICATION

Applicant Information (to be completed by the applicant) SECTION 1

Applicant Name _____ Email _____
Mailing Address _____ Postal Code _____
Telephone (Daytime) _____ (Fax) _____
Date (yyyy-mm-dd) _____

Application Details SECTION 2

Amusement Machine Operator's License Application fee.
Fees attached: Yes No
Signature: _____ Date (yyyy-mm-dd) _____
Staff Signature: _____ Date (yyyy-mm-dd) _____

Permit Details SECTION 3

Is this a renewal of a previous Permit? Yes No
If yes, please state the last permit # _____

Privacy Notice SECTION 4

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to Randy Carew, Manager, Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

Please mail completed form to: Access St. John's 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2
Email: service@stjohns.ca
Fax: 709-576-7688
Call: 311 or 709-754-2489