



PLEASE PRINT

PER - 3024

Department of Planning, Engineering and Regulatory Services

### AMUSEMENT MACHINE ESTABLISHMENT LICENSE APPLICATION

#### APPLICANT INFORMATION

#### SECTION 1

Establishment Trade Name \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

Location of Business \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

#### APPLICATION DETAILS

#### SECTION 2

Video Lottery Machines	Yes	No	Number of machines _____
Other Machines	Yes	No	Number of machines _____
<a href="#">Establishment license fee</a> attached	Yes	No	
Do you own the machines?	Yes	No	
If no, from whom do you rent the machines? _____			
Signature _____		Date (yyyy-mm-dd) _____	

#### PERMIT DETAILS

#### SECTION 3

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

#### FOR INTERNAL USE ONLY

#### SECTION 4

License Issue Date (yyyy-mm-dd) \_\_\_\_\_ License Expiry Date (yyyy-mm-dd) \_\_\_\_\_

Zone \_\_\_\_\_ File # \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail completed form to:	Access St. John's, City Hall 10 New Gower Street P.O. Box 908 St. John's, NL A1C 5M2	Call: 311 or 709-574-2489 Where 311 is unavailable, call 709-754-CITY (2489) Fax: 709-576-7688 Email: <a href="mailto:service@stjohns.ca">service@stjohns.ca</a>
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