



PLEASE PRINT

PER - 3025

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 (Home) _____ (Work) _____ (Cell) _____

Date (yyyy-mm-dd) _____

APPLICATION DETAILS

SECTION 2

Amusement Machine Operator's License Application [fee](#).

Fees attached: Yes _____ No _____

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 for the purpose of processing the above application*. Questions about the collection and use of the information may be directed to *Inspection Services Division, (709)576-8565*.

Please send completed form to:

Access St. John's, 1st Floor City Hall
P.O. Box 908, 10 New Gower Street
St. John's, NL A1C 5M2

Phone: 311 or 709-574-2489
Email: service@stjohns.ca

PROCESSING OF FEES**SECTION 5**

All application fees are non-refundable. Once an application has been submitted with the City, any additional fees, assessments or charges may apply based on the nature of the application. The applicant will be notified by City staff of any additional fees, assessments, or charges as the application is processed.

Requests for refund of permits will be reviewed by City Staff and, if approved, will be refunded at 75%.

Processing Fee \$ _____

Payment Type: Cash

Cheque

Credit Card

Visa

Mastercard

Amex

Card Number _____ EXP ____ / ____

Name on Card _____

INTERNAL USE ONLY

****DO NOT SCAN THIS PAGE INTO GOVERN****

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Fax: 709-576-7688
Call: 311 or 709-754-2489