



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

Establishment Trade Name
Applicant Name Email
Mailing Address Postal Code
Telephone (Home) (Work) (Cell) (Fax)
Location of Business
Date (yyyy-mm-dd)

APPLICATION DETAILS

SECTION 2

Please note: There is an 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 last permit #

FOR INTERNAL USE ONLY

SECTION 4

License Issue Date (yyyy-mm-dd)

License Expiry Date (yyyy-mm-dd)

Zone

Comments

Please mail completed form to:
Access St. John's, 1st Floor 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: service@stjohns.ca