

# BOROUGH OF CRAFTON

## AMUSEMENT DEVICES APPLICATION

---

**OWNER AND PROPRIETOR OF BUSINESS (location where machines are installed)**

APPLICANT NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OWNER OR VENDOR OF MACHINES**

OWNER NAME (S) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPES OF DEVICES AND QUANTITIES	QUANTITY	LICENSE FEE	TOTAL FEE
A. AMUSEMENT DEVICE	X	\$300	=
B. JUKEBOX	X	\$150	=

TOTAL AMOUNT DUE : \_\_\_\_\_

**MAKE CHECKS PAYABLE TO : CRAFTON BOROUGH**

***Return applications with payment to :  
BOROUGH OF CRAFTON 100 STOTZ AVE. PITTSBURGH PA 15205***

*The inspector will call to schedule an inspection once the payment and application are received.*

\*\*\*OFFICE USE ONLY\*\*\*

DATE RECEIVED:

PAYMENT AMOUNT:

CHECK NUMBER:

DATE SITE VISITED:

BY:

MACHINE COUNT MATCHES APPLICATION COUNT?

Y

N

TYPE:

PERMIT NO.

TYPE:

PERMIT NO.

TYPE:

PERMIT NO.

TYPE:

PERMIT NO.

TYPE:

PERMIT NO.

TYPE:

PERMIT NO.

TYPE:

PERMIT NO.

TYPE:

PERMIT NO.

TYPE:

PERMIT NO.

TYPE:

PERMIT NO.