

APPLICATION FOR AMUSEMENT DEVICE PERMIT

Township of Upper St. Clair
1820 McLaughlin Run Road, Upper St. Clair, PA 15241
Phone: 412-831-9000 ext. 5010 --- FAX
412-854-0773, www.twpusc.org

A Separate Application Must Be Submitted For Each Device
An Incomplete or Illegible Application Will Be Denied

<i>Office Use Only</i>
PERMIT # <u>AMU</u> _____.

LOCATION OF MACHINE [Address]:

NAME OF BUSINESS:

PROPERTY OWNER:

Name:	Address:
City/State/Zip:	Business Phone:
Cell Phone:	Fax No.:

BUSINESS OWNER/APPLICANT:

Name:	Address:
City/State/Zip:	Business Phone:
Cell Phone:	Fax No.:

If business owner/applicant is not the property owner, state length of lease: _____	From: _____	To: _____
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MACHINE INFORMATION:

Machine Owner Name:	Contact:
Address:	City/State/Zip:
Business Phone:	Cell Phone:
Machine Manufacturer:	Machine Serial No:
Machine Type:	Machine Use:

FEES:

- Jukebox or Music Box \$75.00
- Pinball or other Amusement Device (i.e.: claw, ride) \$125.00
- Poker, Blackjack or similar video game \$300.00
- Other video games \$150.00

<i>Office Use Only</i>
check/receipt # _____

Please make check payable to "Township of Upper St. Clair" (Do Not Send Cash)

APPLICANT'S AFFIRMATION

I, the undersigned Applicant, as (circle one) Property Owner, Business Owner, acknowledge, that all information provided within this application and all attachments, if applicable, is true, correct and complete to the best of my knowledge.

Authorized Signature

Date

Print Name