



ELIZABETH TOWNSHIP

522 ROCK RUN ROAD • ELIZABETH, PA 15037

PHONE 412-751-2880 • FAX 412-751-6002

www.elizabethtwppa.com

Amusement Device Permit Application

BUSINESS INFORMATION

Name: _____ Phone Number: _____

Address: _____

Proprietor: _____ Phone Number: _____

Address: _____

Proprietor is a citizen of the United States? Yes No

VENDOR INFORMATION

Name: _____ Phone Number: _____

Address: _____

Vendor is a citizen of the United States? Yes No

DEVICE INFORMATION

Manufacturer	Name of Machine	Serial Number	Machine Type

Amusement Device Ordinance: <https://ecode360.com/26854122>

I understand that a license does not sanction or condone the use or possession of any illegal gambling device, whether illegal per se or as modified. I understand that the illegal use or possession of an unlawful gambling device, either per se or as modified, may result in criminal prosecution by law enforcement offices. I hereby state that the facts set forth in the application are true and correct to my personal knowledge, information, or belief and that any false statements therein are made subject to the penalties of the Crime Code, 18 PA.C.S. 4904, relating to unsworn falsification to authorities

Print Name: _____ Date: _____

Signature: _____

Number of Devices: _____ X Fee/Device **\$500.00** = Total Due: _____