



## TOWNSHIP OF PLAINSBORO

OFFICE OF THE TOWNSHIP CLERK  
641 PLAINSBORO ROAD  
PLAINSBORO, NJ 08536  
609-799-0909 ext. 2547

### **AUTOMATIC AMUSEMENT DEVICES LICENSE APPLICATION**

*(Please type or print out the application clearly. Incomplete applications may be returned.)*

Date \_\_\_\_\_

**LICENSE FEE: \$50.00 per establishment, plus \$10.00  
per machine**

**Please make check payable to: Plainsboro Township**

Name of Establishment \_\_\_\_\_

Establishment Street Address \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Establishment State License #(s), if applicable \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Describe the types of automatic amusement devices, their serial numbers and the  
number of machines to be kept on premise:

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Submitted License Fee:    Annual Application Fee    \$ 25.00 \_\_\_\_\_  
   Each Amusement Device    \$100.00 \_\_\_\_\_

**Please make check payable to Plainsboro Township**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This form may be duplicated for multiple machines.

**\*\*\*PLEASE NOTE: If said annual fee is not paid within 30 days of its due date, the fee shall be doubled, and shall double each 30 days that the fee remains unpaid. \*\*\***

**Licenses will be sent directly to the local establishment and shall be conspicuously posted.**