

CITY OF MILLVILLE

CUMBERLAND COUNTY FAIRGROUNDS AMUSEMENT GAME LICENSE

(Amusement Games: A game of skill, chance or a combination of both where a player pays a fee for an opportunity to participate and prizes or tickets or tokens redeemable for prizes are awarded if the player attains a particular score or result. Amusement games can be electronic, mechanical or manual and can only be lawfully operated at recognized amusement parks, seashore or like resorts, or at agricultural exhibitions (**Cumberland County Fair**) when the operator has obtained both a municipal and state license. The municipal license shall be inoperative unless the licensee has a valid state license or procures a state license within 90 days from the issuance of the municipal license.)

LICENSE APPLICATION (Article V)

\$55.00 For Each Amusement Game
(\$50.00 Certified Check or Money Order Payable to the State of New Jersey and
\$5.00 Certified Check or Money Order Payable to the City of Millville)
Application Must be Filed at least 3 Weeks Before the Date of the County Fair

DATE OF APPLICATION: _____ FEE PAID: \$ _____
Must be filed 3 Weeks Before the Date of Fair

DATE(S) OF EVENT: _____

NAME OF EVENT: (Attach written Consent from Sponsoring Agency)

- Cumberland County Fair
 Other – Please Specify: _____

TYPE OF AMUSEMENT: Electronic Mechanical Manual

APPROVAL FROM THE STATE DEPARTMENT OF AGRICULTURE-

This approval is evidenced by a certificate issued by the Department of Agriculture, which must be submitted before any municipal amusement game license is issued

SCHEDULE OF PROPOSED ACTIVITIES:

PROPOSED ACTIVITY: _____

NAME OF OPERATOR: _____ Phone #: _____
Please Print

OPERATOR'S ADDRESS: _____
Street No. Street Address

PO Box No. City State Zip Code County

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY#: ___ - ___ - ___ DL#: _____
Attach Copy of DL or Legal ID

PROPOSED ACTIVITY: _____

NAME OF OPERATOR: _____ Phone #: _____
Please Print

OPERATOR'S ADDRESS: _____
Street No. Street Address

PO Box No. City State Zip Code County

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY#: ___ - ___ - ___ DL#: _____
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CONTINUATION PAGE - SCHEDULE OF PROPOSED ACTIVITIES - 2

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EACH APPLICANT AND EMPLOYEE SHALL CONTACT THE MILLVILLE POLICE DEPARTMENT AND ARRANGE TO BE FINGERPRINTED AND THE PRINTS SHALL BE SUBMITTED TO FEDERAL AND STATE AUTHORITIES FOR COMPARISON AND CRIMINAL RECORD INVESTIGATION. IN THE CASE OF PARTNERSHIPS AND CORPORATIONS THOSE PERSONS WHO ARE REQUIRED TO PROVIDE INFORMATION FOR THE APPLICATION SHALL SUBMIT TO FINGERPRINTING. CONTACT THE MILLVILLE TRAFFIC SAFETY BUREAU @ 856-825-7010

SIGNATURE OF APPLICANT: _____
Signature Date

CHIEF OF POLICE:

*APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

***ROBERT CONNER, MINTS INSURANCE AGENCY:**

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Robert Conner _____
Signature Date

A brief explanation, if license was denied: _____

APPROVED:

DENIED:

City Clerk

Signature

Date