City of Bradford
24 Kennedy St.-Bradford PA 16701
Phone: 814.362.3884
Fax: 814.368.3335

Amusement Devices Application

All questions must be answered in full. Missing or incomplete information may delay your license. Application must be signed and dated by the applicant.

Date:_____

LOCATION OF MACHINE: _____

SECTION A:

VENDOR:

Name: _____

Address:_____

Telephone:_____

Email:_____

VENDOR LOCATION:

Name: _____

Address:_____

Telephone:_____

SECTION B:

TYPE OF DEVICE	# of Machines	Fee Per Machine	Total
Gambling Devices:			
Skill Games/Poker/Cherry Machines:	_____	**x $300.00 =**	**$**_____
Mechanical Devices:			
Juke Boxes:	_____	**x $ 75.00 =**	**$**_____
Pool Tables	_____	**x $ 75.00 =**	**$**_____
Pinball Machines:	_____	**x $ 75.00 =**	**$**_____
Electronic Darts:	_____	**x $ 75.00 =**	**$**_____
Claw Machines:	_____	**x $ 75.00 =**	**$**_____
Other: (ATM)	_____	**x $ 75.00 =**	**$**_____

SECTION C:

LIST ALL DEVICES AND SERIAL NUMBERS AND TYPE OF DEVICE

FEES: Mechanical Devices $75 per device. Gambling Devices $500 per device

TYPE: J - Juke Box P - Pool Table V – Video or Mechanical Device E-Electronic Darts
VG-Game Devices (Ski ball, Pinball, Video Games, Claw Machines SK-Skilled Games:

PLEASE PRINT LEGIBLY

MANUFACTURER/DEVICE NAME	ID/SERIAL NUMBER	TYPE	FEE

CERTIFICATION: I (or we) the undersigned applicant(s) listed in Section A of this application for a license for the mechanical device(s) listed in Section B, hereby acknowledge, subject to the penalties of City Ordinance 3244.1, Chapter 69, § 69-11 (relating to unsworn falsification to authorities), that the City of Bradford has provided me with a copy of the City Ordinance No. 3244.2 and that I have read and agree to be bound by all terms and provisions of said ordinance.

I certify that the information provided on this application is true and completed to the best of my knowledge. I understand that all applicable mechanical and amusement devices must be properly licensed by the City of Bradford and that the requi4ed license fee must be paid before the license is issued.

I further understand that the City-issued license must be displayed on each licensed device as required.

_____
Applicants Name - PLEASE PRINT

_____
Title

_____
Signature

_____
Date

Return form to City Hall, Attn: Tina Hallock, 24 Kennedy St, Bradford Pa 16701 or email to: t.hallock@bradfordpa.com