

**APPLICATION FOR
AMUSEMENT LICENSE**

BOROUGH OF EBENSBURG

Name of Business _____

Contact Name _____

Mailing Address _____

Telephone Number _____

Property Owner (if different from Applicant) _____

Identify Type of Entertainment Or Amusement _____

Location Being Held _____

Date(s) Of Event _____ **Time Of Event** _____

Approximate Number Of Attendees _____

Admission Fee Charged? _____ **If Yes, Amount** _____

Additional Information: _____

Name of Applicant

Signature of Applicant

Date

Borough of Ebensburg
300 West High Street
Ebensburg, Pennsylvania 15931
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814-472-8789 (fax)
eburg@ebensburgpa.com

IMPORTANT – SEE REVERSE