

**APPLICATION FOR
AMUSEMENT DEVICE LICENSE**

BOROUGH OF EBENSBURG

Name of Business _____

Contact Name _____

Mailing Address _____

Telephone Number _____

Property Owner (if different from Applicant) _____

Location Of Devices _____

Location Being Held _____

Description of Machines Or Devices:

Identification #

Type Of Machine

Features

Additional Information: _____

Name of Applicant

Signature of Applicant

Date

IMPORTANT – SEE REVERSE

Borough of Ebensburg
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eburg@ebensburgpa.com

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