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ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

MECHANICAL AMUSEMENT DEVICE - LICENSE APPLICATION
License Term January 1, 2022 - December 31, 2022

License # _____

CHECK ONE NEW APPLICATION RENEWAL APPLICATION

OWNER OWNER/OPERATOR

FEES: NEW APPLICANT FIRST MACHINE \$375.00 EACH ADDITIONAL \$25.00 RENEWAL \$75.00 FIRST MACHINE
EACH ADDITIONAL \$25.00

Business Address: _____

Block: _____ Lot: _____ Type of Business: _____

N.J. State I.D Number: _____ Liquor License Number If Applicable: _____

Name of Applicant: _____ Home Telephone: _____

Home Address: _____ E-Mail Address: _____

Driver's License Number _____ Date OF Birth: _____

**IF THE APPLICANT IS A CORPORATION OR PARTNERSHIP, COMPLETE THE ATTACHED
STOCKHOLDER/PARTNERSHIP DISCLOSURE FORM.**

DOES THE APPLICANT OR ANY OF THE STOCKHOLDERS OR PARTNERS HAVE A PAST CRIMINAL CONVICTION?
YES NO

	NAME OF MACHINE	SERIAL NUMBER	MANUFACTURER	MANUFACTURER'S ADDRESS
1				
2				
3				

DISTRIBUTOR'S NAME	ADDRESS	TELEPHONE #

I, _____, BEING DULY SWORN TO LAW, UPON OATH, DEPOSES AND SAYS THAT I AM THE APPLICANT NAMED AND THAT THE ANSWERS TO THE QUESTIONS STATED ON THIS APPLICATION ARE TRUE AND COMPLETE.

APPLICANT SIGNATURE: _____ Date _____

FOR OFFICE USE ONLY

APPLICATION DENIED _____ APPROVED _____ AMOUNT PAID \$ _____ CHECK # _____

Director's Signature: _____ Date: _____



WAGE THEFT CERTIFICATION

This form will be part of the License Application. It is a required document to be completed by the applicant and its completion is an express condition to approval of the License Application.

CERTIFICATION STATEMENT: I have not been found guilty, liable, or responsible in any judicial or administrative proceeding of committing a violation of the NJ State Wage and Hour Law N.J.S.A 34:11-56; Wage Payment Law N.J.S.A 34:11-4; Hudson County Living Wage Ordinance (No. 363-6-2014,364-6-2014,365-6-2014 and PL: 1977,C.33), N.J.S.A 2C:40A-2, the Fair Labor standards Act, 29 U.S.C§201 *et seq.*, Section 3-76c of the Jersey City Municipal Code or any other federal or state law related to the payment of wages or the collection of debt owed due to unpaid wages. If I have been found liable as indicated herein within the last 24 months, I will provide the dates, location and nature of the wage theft claim, along with written evidence which demonstrates that the claim has been resolved.

I hereby certify that the information provided herein is true and accurate. I further certify that if any of the information provided herein is willfully false, I am subject to punishment.

Signature of Applicant _____

Print Name _____

Date _____