



STEVEN M. FULOP  
MAYOR

**HOUSING, ECONOMIC DEVELOPMENT & COMMERCE**  
DIVISION OF COMMERCE  
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ANNISIA CIALONE  
DEPARTMENT DIRECTOR

MAYNARD WOODSON  
DIVISION DIRECTOR

**LICENSE APPLICATION - MECHANICAL AMUSEMENT DEVICE**  
**License Term January 1, 2022 thru December 31, 2022**  
**POOL TABLE ONLY**

License # \_\_\_\_\_

CHECK ONE  NEW APPLICATION  RENEWAL APPLICATION

OWNER  OWNER/OPERATOR

FEE: 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: \_\_\_\_\_

Social Security # \_\_\_\_\_ 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	MANUFACTURER	MANUFACTURER'S ADDRESS
1				
2				
3				

ATTACH A COPY OF THE ACQUISITION AND INSTALLATION AGREEMENT FOR EACH MACHINE FOR WHICH THIS APPLICATION IS BEING SUBMITTED

STATE OF NEW JERSEY

DISTRIBUTOR'S NAME	ADDRESS	TELEPHONE #

**NOTARIZED STATEMENT**

SS.  
COUNTY OF HUDSON

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 \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

NOTARY PUBLIC SIGNATURE: \_\_\_\_\_

**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 \_\_\_\_\_