



Borough of White Oak

Code Enforcement Department
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White Oak, PA 15131

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MECHANICAL AMUSEMENT DEVICE APPLICATION

Date of application: _____

Name and address of applicant:

Name: _____ Phone: _____

Address: _____

Occupation of applicant(s):

If a corporation:

Name: _____

Address: _____

Principle place of business: _____

Name and address of game machine(s) owner:

Name: _____ Phone: _____

Address: _____

Name under which game room is being operated and location:

Name: _____ Location: _____

Owner of business and owner of property where game machines are located:

Owner of business: _____

Name, address and phone number of owner of property where game machine(s) are located

Name: _____ Phone: _____

Address: _____

Name, address and phone number of owner of business where game machine(s) are located

Name: _____ Phone: _____

Address: _____

List all machines:

Machine #	Manufacturer	Model #	Serial #	Location	Game Name
1					
2					
3					
4					
5					

Amount owed @ \$300.00 per machine: \$ _____

Date paid: _____

_____ Cash

_____ Check

_____ Check #

Note: Floor plan with location of devices is required with application.