



**BOROUGH OF CARLSTADT**

Memorial Municipal Building  
500 Madison Street  
Carlstadt, NJ 07072

**MECHANICAL AMUSEMENT DEVICE  
PERMIT APPLICATION**

Name of Applicant \_\_\_\_\_

Distributed By \_\_\_\_\_

List each device (\$100.00 per device. Maximum three (3) devices

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Title \_\_\_\_\_

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**BOROUGH CLERK'S OFFICE USE ONLY**

**FEE** \_\_\_\_\_ **CHECK#** \_\_\_\_\_ **DATE** \_\_\_\_\_