



PER - 3224

Department of Planning, Engineering and
Regulatory Services

AMUSEMENT MACHINE ESTABLISHMENT LICENSE APPLICATION

Applicant Information

SECTION 1

Establishment Trade Name _____

Name of Applicant _____

Mailing Address _____ Postal Code _____

Telephone (Daytime) _____ (Fax) _____

Location of Business _____ Date (yyyy-mm-dd) _____

Privacy Notice

SECTION 2

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to Randy Carew, Manager, Regulatory Services Division, by email: building@stjohs.ca or by phone 709-576-8565.

Application Details

SECTION 3

Video Lottery Machines Yes No Number of machines _____

Other Machines Yes No Number of machines _____

Establishment license fee attached

Yes No Number of machines _____

Do you own the machines? Yes No

If no, from whom do you rent the machines? _____

Signature _____ Date (yyyy-mm-dd) _____

Permit Details

SECTION 4

Is this a renewal of a previous Permit? Yes No

If yes, please state last permit # _____

License Issue Date (yyyy-mm-dd) _____ License Expiry Date (yyyy-mm-dd) _____

Zone _____ File # _____

Comments:

Please mail completed form to:

Access St. John's
 10 New Gower Street
 P.O. Box 908
 St. John's NL A1C 5M2

Email: service@stjohns.ca
 Fax: 709-576-7688
 Call: 311 or 709-754-2489