

TOWNSHIP OF ASTON

REQUEST FOR 2024 AMUSEMENT DEVICE LICENSE

1-A. COMPANY/OWNER:	1-B. MRRS ACCT#:	1-C. COMPANY EIN OR LAST 4 DIGITS OWNER SSN:
2. DBA (Doing Business As):		
3. BUSINESS PHYSICAL LOCATION ADDRESS (Number, Street, City, State & Zip Code):		
4. BUSINESS MAILING ADDRESS (If different from above):		
5-A. BUSINESS CONTACT NAME: (Required)	5-B. BUSINESS PHONE NUMBER (Required):	
6-A. BUSINESS CONTACT E-MAIL:	6-B. BUSINESS FAX NUMBER:	
7. LIST ALL AMUSEMENT MACHINES/ DEVICES AND/OR MECHANICAL DEVICES LOCATED AT BUSINESS:		
8. TYPE OF ORGANIZATION (Check):		
<input type="checkbox"/> INDIVIDUAL PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC DATE INCORPORATED _____		
9. DESCRIBE NATURE OF BUSINESS:		
10. DATE TOWNSHIP OF ASTON OPERATIONS BEGAN:		
11. ADDRESS WHERE AMUSEMENT DEVICE LICENSE SHOULD BE MAILED (If different than #4 above):		

I certify that all information and statements made herein are true and correct to the best of my knowledge.

(Signature)

(Print Name & Title)

(Date)

LICENSE REQUEST AND PAYMENT MUST BE POSTMARKED BY JANUARY 31, 2024.
(LATE APPLICATIONS AND/OR PAYMENTS WILL BE PENALIZED ADDITIONAL FEES PER LICENSE PER YEAR)

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE AND REMIT TO:

**TOWNSHIP OF ASTON
c/o MRRS, LLC
P.O. BOX 1391
MEDIA, PA 19063**

Contact Information: Web: www.MRRSLLC.com Email: INFO@MRRSLLC.com Telephone: 610-565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS