

CITY OF BUTLER

APPLICATION FOR ANNUAL LICENSE TO OPERATE GAMING TABLES OR AMUSEMENT DEVICES*

**billiard/pool tables, pinball machines, shuffleboard or bowling machines, novelty machines, video games, juke boxes, poker machines or similar devices*

Note: City of Butler Ordinance #1641 requires the operator of any facility where a gaming table or amusement device is located to acquire a license for the machine. It is not the responsibility of the machine owner unless he/she also operates the facility where the machine is placed. Ord.#1641 amended by Ord.#1808

Application is hereby made for licenses to operate a gaming table or amusement device in the establishment named in Section A below. By this application, it is agreed that the operator of the facility is responsible for assuring that the gaming tables and amusement devices shall comply with applicable ordinances and regulations. It is further agreed that said gaming tables and amusement devices shall be open to inspection by the City of Butler Bureau of Health.

Please send completed application to the **City of Butler Health Inspector, 140 West North Street, Butler, PA 16001**. Applications which are not complete will be returned. Applications will be reviewed by the Fire Marshall. Upon recommendation of the Fire Marshall, the Health Inspector shall forthwith issue a license, provided the operator first pays to the City Treasurer a license fee in accordance with the fee schedule. All applications and fees must be submitted and paid before **March 1st** each year. *To replace a machine during the year, please call the City Building for a new sticker (fee \$10)*

please print or type

A. Facility (Machine Location)	
Name:	_____
Address:	_____ _____
Telephone: ()	_____

License/Operational Fees			
Type	Fees	#/Machines	Total Fees
Pinball machines	\$ 50		
Coin operated pool tables	\$ 50		
Shuffleboards/Bowling	\$ 50		
Pocket billiards or billiards	\$ 40		
Novelty machines	\$ 50		
Video games	\$ 50		
Juke Box	\$ 40		
Poker-type machines/all other devices	\$ 50		
PA Skill Games	\$ 100		

B. Facility Operator (Applicant)	
Name:	_____
Telephone: ()	_____

C. Actual Owner of Machine	
Name	_____
Address	_____ _____
Telephone: ()	_____

applicant's signature

FOR OFFICIAL USE ONLY	
Amount Received:	_____
Date Received:	_____
License Number:	_____
Expiration Date:	_____
Approved by:	_____
Date:	_____