

**TOWNSHIP OF ASTON  
REQUEST FOR 2021 AMUSEMENT DEVICE LICENSE**

<b>1. COMPANY/OWNER:</b>	<b>1-A. MRRS ACCT#:</b>	<b>1-B. (EIN) FEDERAL EMPLOYER IDENTIFICATION NUMBER:</b>
<b>2. DBA (Doing Business As):</b>		
<b>3. BUSINESS LOCATION ADDRESS (Number, Street, City, State &amp; Zip Code):</b>		
<b>4. BUSINESS MAILING ADDRESS (If different from above):</b>		
<b>5. BUSINESS PHONE NUMBER: (Required)</b>	<b>5-A. BUSINESS FAX NUMBER:</b>	<b>5-B. NAICS/SIC CODE:</b>
<b>6. EMAIL:</b>		<b>6 A. CONTACT PERSON:</b>
<b>7. LIST ALL MACHINES, DEVICES AND/OR MECHANICAL DEVICES LOCATED AT YOUR BUSINESS:</b>		
<b>8. TYPE OF ORGANIZATION (Check):</b>		
<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              DATE INCORPORATED _____              STATE INCORPORATED _____		
<b>9. DESCRIBE NATURE OF BUSINESS:</b>		
<b>10. DATE TOWNSHIP OF ASTON OPERATIONS BEGAN:</b>		
<b>11. ADDRESS WHERE AMUSEMENT DEVICE LICENSE SHOULD BE MAILED:</b>		

**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 RECEIVED BY JANUARY 31, 2021.**  
(LATE APPLICATIONS AND/OR PAYMENTS WILL BE PENALIZED ADDITIONAL FEES PER LICENSE PER YEAR)

**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](http://www.MRRSLLC.com) Email: [INFO@MRRSLLC.com](mailto:INFO@MRRSLLC.com) Telephone: 610-565-1396

PLEASE RETAIN A COPY FOR YOUR RECORDS