



BOROUGH OF WELLSBORO

MECHANICAL AMUSEMENT DEVICE TAX CERTIFICATE

Upon filing at the Borough Office, 14 Crafton Street, this permit/application is effective until removal of Mechanical Amusement Device from the Premises. An Owner who fails to file for a permit/application shall not be permitted to maintain and operate Mechanical Device within the Borough limits.

NAME: _____

OWNER/ADDRESS OF MECHANICAL DEVICE _____

TAX PAID FOR THE YEAR ENDING: 31, DECEMBER 2024

DESCRIPTION AND TYPE OF MECHANICAL AMUSEMENT DEVICE :

Type/Brand of Mechanical Device: _____

Type/Brand of Mechanical Device: _____

Type/Brand of Mechanical Device: _____

Type/Brand of Mechanical Device: _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO GRANT PERMISSION TO BOROUGH OFFICIALS AND REPRESENTATIVES TO ENTER AND INSPECT THE PROPERTY FOR PURPOSES RELATED TO THIS PERMIT. I AFFIRM THAT I HAVE RECEIVED A COPY OF ORDINANCE 491 OF THE BOROUGH OF WELLSBORO, TIOGA COUNTY, COMMONWEALTH OF PENNSYLVANIA.

✕ _____
Signature of Applicant

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This is to Certify that the tax on the mechanical amusement device described above has been paid to the Borough of Wellsboro under Ordinance Number 491:

CERTIFICATE NUMBER: _____ **DATE TAX PAID:** _____ **AMOUNT PAID** _____

ATTEST: _____

BOROUGH SECRETARY
(seal)

DATE