



# BOROUGH OF CLEARFIELD

6 SOUTH FRONT STREET

CLEARFIELD, PA 16830

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## AMUSEMENT TAX REGISTRATION

### CONTACT INFORMATION

NAME/ASSOCIATION/ CORPORATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

If you are applying on behalf of an association or corporation, written proof of your title and authority to act on behalf of said association or corporation must be provided.

### EVENT INFORMATION

NAME OF EVENT: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

DATE(S) OF EVENT \_\_\_\_\_

TIME(S) OF EVENT \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_

ESTIMATED REVENUE: \_\_\_\_\_

\_\_\_\_\_  
DATE OF REGISTRATION

\_\_\_\_\_  
SIGNATURE