

Town of Middleton
Automatic Amusement Device License Application
In Accordance with Massachusetts General Laws As Amended By
Chapter 361, of the Acts of 1949

ALL QUESTIONS MUST BE ANSWERED AND A TELEPHONE NUMBER PROVIDED

License Name _____

Name of Manager/Owner _____

Social Security Number/FID Number _____

Home address _____

Area Code and telephone number (Give both your home and a number which you can be reached during the day).

Day Time # _____ Home # _____

Are you a U.S. Citizen? _____ Yes _____ No

Court and Date of Naturalization (if applicable) (Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

Identify your criminal record (Massachusetts, any other state or federal): Any other arrest or appearance in criminal court charged with a criminal offense regardless of final disposition: (Must check either Yes or No) ____ Yes ____ No ____

If yes, please describe offense (s) specific charge and disposition (fine, penalty, etc.)

Hours per week to be spent on the licensed premises: _____

Is the Automatic Amusement Machine leased or owned? If leased, from whom:

Vendor Name and Address: _____

Number of Machines Requested: _____

Type of Amusement Devices (Please specify and describe all individual devices):

Days of Operation: _____

Hours of Operation: _____

Seating Capacity: _____

(Please provide a floor plan showing exact location of each machine)

Do you own/lease premises? _____ Yes _____ No

From Whom? _____

Lease Expiration Date: _____

I hereby swear that under the pains and penalties of perjury that the information I have given in this application is true to the best of my knowledge and belief.

By _____

(Manager/Owner Signature)

Date _____