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Office of the Town Manager  
41 Elm Street

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**TOWN OF SOUTHBRIDGE**  
SOUTHBRIDGE, MASSACHUSETTS 01550-2638  
[www.ci.southbridgema.us](http://www.ci.southbridgema.us)

For Office Use Only:

Application Number: \_\_\_\_\_  
Date of Hearing: \_\_\_\_\_  
License Granted: \_\_\_\_\_  
Date: \_\_\_\_\_  
Other Action: \_\_\_\_\_

**APPLICATION FOR AUTOMATIC AMUSEMENT DEVICE LICENSE**

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_

Name under which business is operated: \_\_\_\_\_

Address of establishment: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Business telephone number: \_\_\_\_\_

Are you the sole owner of the business? Yes / No If not, state the names of all owners and their interest in the establishment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you represent a corporation, list names and addresses of present officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are incorporated outside of Massachusetts, state name and address of your resident agent:

\_\_\_\_\_

State any prior criminal convictions of owners (officers, partners, members of association):

\_\_\_\_\_

Number and type of machine(s) to be licensed:

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Name and manufacturer of machine(s):

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Serial number(s) of machine(s):

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Name of vending company: \_\_\_\_\_

Type of business conducted on premises: \_\_\_\_\_

Description of premises to be licensed: \_\_\_\_\_

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Hours of operation: \_\_\_\_\_

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Do you now hold or have you applied for any kind of license for this establishment?: Yes/No

If yes, what kind of license(s):

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State names and addresses of all persons who have an equitable interest in or who have otherwise contributed valuable consideration to you or your business insofar as said interest relates to the procurement, maintenance, operation or display of automatic amusement devices:

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Please attach a floor plan of the business premises where the automatic amusement device will be housed indicating the total square foot areas of premises and indicating the intended position of the automatic amusement device.

Before a license is granted you must provide the Licensing Authority with:

1. An approved certificate of occupancy for the business premises.
2. A certificate of approval by the Wire Inspector verifying that the electrical installation is adequate for the uses intended and conform with the Massachusetts Electrical code.
3. Documentation sufficient to provide that the automatic amusement device sought to be licensed are lawfully in the possession of the applicant.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date