

**BOARD OF SELECTMEN
TOWN OF FOXBOROUGH
MASSACHUSETTS**

Foxborough Town Hall - 40 South Street - Foxborough, MA 02035
Telephone 508-543-1219 Fax 508-543-6278

**APPLICATION TO OBTAIN AN
“AUTOMATIC AMUSEMENT DEVICE” LICENSE
LICENSE EXPIRES ON DECEMBER 31ST**

Date of Application _____, 20 _____

1. Name of Applicant(s)

2. Address of Applicant(s)

3. Name and address of owner of machines if other than applicant(s).

Name:

Address:

4. Name and address of premises where machine(s) will be utilized

5. Name of Manager/Contact Person and Telephone Number

6. Description of premises

7. Types of Machines: (If more than 3 machines, an Arcade License is also required. Please attach list if additional space is required.)

Video, Pinball, etc. Game	Name of
------------------------------	---------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Please attach list if additional space required)

8. Do you have any existing machines? Yes _____ No

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9. Name of manufacturer:

10. Model # issued by the Director of Standards for each machine:

11. Is the machine(s) to be utilized on Sundays? Yes _____ No

12. Hours of Operation:

Weekdays: From _____ To

Sunday: _____ From _____ To _____

FEE: \$50 per machine for 3 machines or less. Applicants requesting to license more than 3 machines, must also be licensed as an "Arcade". **In addition to the \$50 per machine Automatic Amusement Device License fee, all Arcade Licenses shall include the following license fee:**

4 machines	\$ 100 per year
5 to 9 machines	\$ 200 per year
10 to 19 machines	\$ 300 per year
20 to 29 machines	\$ 400 per year
30 to 39 machines	\$ 500 per year
40 or more machine	\$1,000 per year

Please make check payable to the TOWN OF FOXBOROUGH and return application and _____ fee to the Board of Selectmen at 40 South Street, Foxborough, MA 02035.

I certify under penalty of perjury that I, to my best knowledge and belief, have filed all state and local tax returns and paid all state and local taxes required by law.

* Signature of Individual or Corporate Name
(MANDATORY)

APPLICABLE)

Signature of Corporate Officer
(MANDATORY, IF

** Social Security Number (Voluntary) or
Federal Identification Number

Signature of Applicant

* This license will not be issued unless this certification clause is signed by the applicant

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject license suspension or revocation. This request is made under the authority of Mass. G. L. c.62C s.49A.