

## **AUTOMATIC AMUSEMENT DEVICE LICENSE**

### **Daily License – Monday through Saturday**

Fee: \$50.00 First Machine

\$35.00 Each Additional Machine

If additional machines are applied for at a later time, the fee is the same as above.

Renewal fee is \$35.00 per machine

### **Requirements:**

1. General Application for License – form 460
2. Floor Plan(s): show distances of the machine(s) from entrances/exits and the dimensions of the machine(s)
3. If you are leasing the property, a letter from the landlord of his approval to have the machines on the premises is required.

### **Procedures:**

1. The Board of Selectmen will refer your application/plans to the Building Inspector.
2. If your floor plan complies with the building code, your application will be put on the agenda for the Board of Selectmen's next regular meeting.
3. The Board reviews the application and sets a "Public Information Meeting" date relative to said application.
4. At the Public Information Meeting, the applicant meets with the Board of Selectmen. The meeting is opened for public input.
5. The decision is made at the Board's next regular meeting unless additional information is requested and/or additional time for review is requested.
6. If the application is approved, your license will be issued to you upon receipt of a check for the fee payable to the Town of Natick.

THE COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_ of \_\_\_\_\_  
**APPLICATION FOR LICENSE**  
(GENERAL)

No. \_\_\_\_\_

\_\_\_\_\_ 19\_\_\_\_

**TO THE LICENSING AUTHORITIES:**

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

\_\_\_\_\_  
\_\_\_\_\_  
(Full name of person, firm or corporation making application)

STATE CLEARLY  
PURPOSE FOR  
WHICH LICENSE  
IS REQUESTED

To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GIVE LOCATION  
BY STREET  
AND NUMBER

At \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in said City of \_\_\_\_\_  
Town \_\_\_\_\_  
in accordance with the rules and regulations made under authority of said Statutes.

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

\_\_\_\_\_  
\*Signature of Individual  
or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer  
(Mandatory, if Applicable)

\_\_\_\_\_  
\*\*Social Security # (Voluntary)  
or Federal Identification Number

\* 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 to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

Received \_\_\_\_\_ 19\_\_\_\_  
Hour A.M. \_\_\_\_\_  
P.M. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
\_\_\_\_\_  
Address

Approved \_\_\_\_\_ 19\_\_\_\_

Licence Granted \_\_\_\_\_ 19\_\_\_\_