



**OFFICE OF SELECT BOARD
333 WASHINGTON STREET
BROOKLINE, MA 02445
(617) 730-2200**

APPLICATION FOR NEW
COIN-OPERATED AMUSEMENT DEVICES
FEE: \$175 PER MACHINE

DATE: _____

LOCATION: _____

APPLICANT: _____

INDIVIDUAL/PARTNERSHIP/CORPORATION

D/B/A: _____

TYPE OF BUSINESS _____

BUSINESS OWNERSHIP- INDIVIDUAL/PARTNERS/CORPORATE OFFICERS:

NAME TITLE ADDRESS PHONE# EMAIL ADDRESS

NAME TITLE ADDRESS PHONE # EMAIL ADDRESS

NAME TITLE ADDRESS PHONE # EMAIL ADDRESS

MACHINES:

NUMBER _____ TYPE/NAME/ MANUFACTURER _____

APPROVED BY THE BUREAU OF STANDARDS _____ YES _____ NO _____

LOCATION ON PREMISES: _____

OWNER: _____

NAME	ADDRESS	PHONE #	EMAIL
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(IF LEASED)

AGENT _____

NAME	ADDRESS	PHONE #	EMAIL
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IS THERE AN AGREEMENT WITH OWNER/AGENT FOR COMPENSATION OR ANY OTHER CONSIDERATION TO APPLICANT FOR USE OF PREMISES FOR MACHINES? _____

APPLICANT SIGNATURE: _____