



**Town of Middleton**  
Memorial Hall  
48 South Main Street  
Middleton, Massachusetts  
01949-2253  
978-774-3589  
*www.townofmiddleton.org*

## **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: \_\_\_\_\_



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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 \_\_\_\_\_