



**TOWN OF LANCASTER
SELECT BOARD**
 Prescott Building, 701 Main Street, Suite 1
 Lancaster, MA 01523-0293
 Tel: 978-365-3326 x1201 Fax: 978-368-8486
 Email: krocco@lanasterma.net

**Annual License Fee –
\$100.00 per device**

Select Board's Office
Date Received

**APPLICATION FOR LICENSE
AUTOMATIC AMUSEMENT DEVICES – SUNDAY**

New Application _____ Renewal _____

Name of Establishment: _____

Address of Establishment: _____

Contact Person (Owner, Manager): _____ Phone _____

Street and number of premises where devices are kept or offered for operation (*or give some particular description of such premises*) _____

Number and type of machines applied for: _____ (*List each machine on attached form*).

Is the location of automatic amusement devices suitable to the neighborhood and compatible with existing uses? _____

Will locating the devices create a nuisance or inconvenience to abutters or pedestrians? _____

Is the facility adequate and appropriate for the proper operation of the machines? _____

The applicant certifies that all state tax returns have been filed and all state and local taxes have been paid as required by law and further agrees to comply with the terms of the License and applicable law, and all rules and regulations promulgated thereto. The Applicant further certifies that the information contained in this application is true and accurate and also authorizes the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Signature of Applicant

Date

License Fee must be submitted with this form. Make check payable to *Town of Lancaster*.
 Mail Application Form, Workers' Compensation Affidavit and check to: *Select Board, 701 Main Street, Suite 1, Lancaster, MA 01523.*

A License issued under this Application applies to Sunday operation ONLY, as well as an Application for a State License to the Commissioner of Public Safety.

STATEMENT OF OPERATION: If your machine(s) is not operated on Sundays, please execute the following statement: I certify under the pains and penalties of perjury that the coin-operated amusement device(s) proposed to be operated in my establishment by the issuance of a license pursuant to this application shall not be in operation on Sundays.

Signature of Applicant

NOTICE: The filing of this application confers no rights on the part of the Applicant to undertake any activities until the license has been granted. The issuance of a license under this section or sections is subject to the Applicant's compliance with all other applicable Federal, State or local statutes, ordinances, bylaws, rules or regulations. The Licensing Authority reserves the right to request any additional information it reasonably deems appropriate for the purpose of determining the terms and conditions of the License and its decision to issue a License. The provisions of G.L. c.152 may require the filing of a Workers' Compensation Insurance Affidavit with this application. Failure to file the Affidavit, along with any other required information and/or documentation, shall be sufficient cause for the denial of the License application.

