



**MARLBOROUGH LICENSE BOARD**  
CITY HALL, 140 MAIN STREET, LOWER LEVEL  
MARLBOROUGH MA, 01752  
TEL: 508-460-3751 FAX: 508-460-3638

**2016 APPLICATION FOR**  
**AUTOMATIC AMUSEMENT DEVICE LICENSE**  
**EACH MACHINE MUST HAVE A SEPARATE APPLICATION**

**FEE: \$100.00 Per Machine**

To the License Commissioners, City of Marlborough:

The undersigned hereby respectfully makes an application for a license to keep and operate an Automatic Amusement Device pursuant to the provisions of the Massachusetts General Law, Chapter 140 Section 1 ad 177A as amended.

Corporate name of business \_\_\_\_\_

Business name (D/B/A) if different \_\_\_\_\_

Address of premises \_\_\_\_\_

Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Kind of business you are engaged in \_\_\_\_\_

Description of Premises (Briefly describe building where device is to be offered for play and the specific location of the device within the building.)

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Hours of business operations from \_\_\_\_\_ o'clock AM PM TO o'clock \_\_\_\_\_ AM PM

What other licenses do you hold from this Board? (Click or check all that apply)

Common Victualler

Liquor License

Entertainment License

Car Dealership License (Class I, II or III)

Lodging House

Other (Specify) \_\_\_\_\_

Have you ever been convicted of a gaming or any other type of felony? Yes No

If yes, when was conviction? \_\_\_\_\_ (Month/Year) Where was conviction? \_\_\_\_\_ (City/State)

**TYPE & SERIAL NUMBERS OF DEVICES APPLYING FOR**

**Pinball Machine**

Type/name \_\_\_\_\_

Serial Number \_\_\_\_\_

**Automatic Amusement Device**

Type/name \_\_\_\_\_

Serial Number \_\_\_\_\_

Has the device been approved by the Director of Standards? Yes No

**DISTRIBUTER INFORMATION**

Distributor's Name \_\_\_\_\_

Distributor's Telephone \_\_\_\_\_

Distributor's Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Manager's Signature if different \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home telephone \_\_\_\_\_

Date \_\_\_\_\_

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