



# TOWN OF STONEHAM

Town Hall- Board of Selectmen  
35 Central Street, Stoneham, MA 02180  
Telephone- (781) 279-2680

## Town of Stoneham Fee Schedule

<u>Type of License</u>	<u>License Fee</u>
Automatic Amusement	\$20 per device
Class I Dealer	New: \$40 Renew: \$30
Class II Dealer	New: \$40 Renew: \$30
Common Victualler's	New: \$50 Renew: \$25
Jukebox	\$40
Junk	\$25
Public Entertainment	\$40



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## Application for Non-Liquor Licenses

<u>Type of License</u>	<u>License Fee</u>
<input type="checkbox"/> Automatic Amusement	\$20 per device
<input type="checkbox"/> Common Victualler's	<input type="checkbox"/> New: \$50 <input type="checkbox"/> Renew: \$25
<input type="checkbox"/> Jukebox	\$40
<input type="checkbox"/> Public Entertainment	\$40

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Owner: \_\_\_\_\_

Business Tel. No. \_\_\_\_\_ Home Tel. No. \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Floor space: \_\_\_\_\_ sq. ft. Parking Spaces (other than public lots): \_\_\_\_\_

No. of employees: \_\_\_\_\_ Manager name: \_\_\_\_\_

Email of Owner: \_\_\_\_\_ Email of manager: \_\_\_\_\_

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Hours of Operation: Days \_\_\_\_\_ Hrs. from \_\_\_\_\_ to \_\_\_\_\_

Days \_\_\_\_\_ Hrs. from \_\_\_\_\_ to \_\_\_\_\_

Type of Amusement Device: \_\_\_\_\_

Type of Entertainment: radio television live music other: \_\_\_\_\_

Describe: \_\_\_\_\_

### ***Applicant Certification***

This section is to be completed by the applicant to verify that the applicant holds no outstanding debts to the Town. Pursuant to Sec. 2-60A S1-2 of the Town Code, “the licensing authority may deny, revoke or suspend any license or permit” of a party “that has neglected or refused to pay any local taxes, fees, assessments, betterments or other municipal charges for not less than a twelve (12) month period”. **The applicant should receive dated signatures from each of the following departments:**

Treasurer’s Office: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

Building Department: \_\_\_\_\_ Date: \_\_\_\_\_

#### ***For Office Use Only***

Issued: \_\_\_\_\_ License No. \_\_\_\_\_

Paid: \_\_\_\_\_

**Approval:**

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg. Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department: \_\_\_\_\_ Date: \_\_\_\_\_

Health Department: \_\_\_\_\_ Date: \_\_\_\_\_