

To: Automatic Amusement Machine Licensees

Please complete and return the enclosed form(s) the Board of Selectmen, 35 Central Street, Stoneham, MA 02180 and include your check payable to "TOWN OF STONEHAM". Renewals are \$20.00 per machine.

If you have any questions, please contact our office. Thank you for your efforts and cooperation.

Very truly yours,

BOARD OF SELECTMEN

Chairman

es

**Licensing Board for the Town of Stoneham**

(Return to the Board of Selectmen, 35 Central Street, Stoneham, MA 02180)

**License Application for Auto Amusement Device License**

Please Make Check Payable to "Town of Stoneham"

Fee - \$20.00 per device

Applicant: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Machine: \_\_\_\_\_

Manufacturer of Machine: \_\_\_\_\_

Owner of Machine: \_\_\_\_\_

Sunday License Requested: \_\_\_\_\_  
Yes No

Signature and Title of Applicant: \_\_\_\_\_

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

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For Office Use Only:

Approved: \_\_\_\_\_  
Chief of Police

I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

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\*Signature of Individual

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By: Corporate Officer

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\*\*Social Security # Voluntary  
Or Federal Identification Number

- \* This license will not be issued unless this certification clause is signed by the applicant.
- \*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.