



Consumer Affairs and Licensing

Mayor Martin J. Walsh

APPLICATION FOR AUTOMATIC AMUSEMENT DEVICES AND OTHER GAMES

Please provide a current copy of the following:

- | | |
|--|--|
| <input type="checkbox"/> Inspection Certificate
<i>Inspectional Services Department</i>
1010 Mass. Avenue, 5 th floor, Boston, MA 02118
(617) 635- 5300 | <input type="checkbox"/> Alcohol Beverage or Common Victualler License
<i>Boston Licensing Board</i>
1 City Hall Square, Rm. 809, Boston, MA 02201
(617) 635-4170 |
| <input type="checkbox"/> Place of Assembly Permit (capacities over 49)
<i>Boston Fire Department</i>
1010 Mass. Avenue, 4 th floor, Boston, MA 02118
(617) 343-3772 | <input type="checkbox"/> Articles of Organization of the Corporation
<i>Secretary of the Commonwealth – Corporations Division</i>
1 Ashburton Place, Rm. 1717, Boston, MA 02108
(617) 727-9640 |
| <input type="checkbox"/> Business (d/b/a) Certificate
<i>City Clerk's Office</i>
1 City Hall Square, Rm. 601, Boston, MA 02201
(617) 635-4600 | <input type="checkbox"/> Use & Occupancy Permit (only needed if you are applying for more than 4 games or if you do not hold an Alcohol Beverage license) |

If you are applying for any type of automatic amusement game machine, please answer the following:

1. Total Number of Games/Machines: _____
2. Name(s) of Game/Machine: _____

3. Manufacturer and Manufacturer's Serial Number(s): _____

4. Will you own the coin-controlled game(s)? Yes No
5. If "No", please provide the name, address and telephone number of the owner/vendor of the games: _____

6. Is this game(s) approved by the State Division of Standards? Yes No
7. Does your premises have a remote switch to shut off the games? Yes No
8. If yes, please indicate the location of the switch: _____
9. Is this a game(s) involving, in whole or in part, the skill of the player? Yes No

BOSTON CITY HALL, ROOM 817, ONE CITY HALL SQUARE, BOSTON, MA 02201
TELEPHONE: LICENSING DIVISION 617-635-4165 • FAX: 617-635-0709 • MOCAL@BOSTON.GOV

PART 1: BUSINESS ORGANIZATION

1. Business Name (d/b/a): _____ 2. Business No.: () - _____
3. Business Address: _____
4. Attorney's Name: _____ 5. Attorney's No.: () - _____
6. Attorney's Address: _____
7. Attorney's Email: _____
8. The business for which this application is being filed is a: (please select)
- Sole Proprietorship, Owner's name: _____
 - Partnership, Partners' name(s): _____
 - Limited Partnership, Partners' name(s): _____
 - Corporation, Corporation name: _____
- (Please attach a list of the name and home address of each officer, director and each shareholder as well as the amount of stock in the corporation owned by each.)
9. Employer Identification Number: _____
10. If new ownership, please indicate previous business name (d/b/a), owner and date you assumed possession: _____

PART II: MANAGER OF RECORD

Please provide the following information on the proposed manager of record:

1. Proposed Manager of Record*: _____
2. Home Address: _____
3. Email Address: _____
4. Work No.: () - _____ 5. Cell No.: () - _____
6. Date of Birth: / / _____ 8. Place of Birth: _____
9. Mother's Maiden Name: _____ 10. Father's Name: _____
11. WITHIN THE PAST SEVEN YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAWS?
- Yes No

*** The same manager of record must be on the Alcohol Beverage or Common Victualler license.**

PART III: OPERATION

- 1. Proposed Capacity of Premise: _____
- 2. Number of Restrooms: _____
- 3. Number of Egresses (exits): _____
- 4. Hours of Operation on AB/CV License: _____
- 5. Proposed Hours of Entertainment: _____

PART IV: APPLICANT INFORMATION

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SINGATURE OF APPLICANT: _____ DATE SIGNED: _____

PRINT NAME: _____ RELATIONSHIP TO BUSINESS: _____

PHONE NO.: _____ EMAIL: _____