



Town of Barnstable

Regulatory Services

Thomas F. Geiler, Director

Licensing Authority

200 Main Street

Hyannis, MA 02601

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APPLICATION FOR AUTOMATIC AMUSEMENT DEVICES & OTHER GAMES

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

1. Total number of games or machines: _____
2. Name(s) of game or machine: _____

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

4. Will you own the coin-operated game? YES ____ NO ____
5. If not, please provide the name, address and telephone number of the owner/vendor of the games: _____
6. Is this game(s) approved by the State Director of Standards? YES ____ NO ____
7. Does your premises have a remote switch to shut off the games? YES ____ NO ____
Please indicate location of switch: _____
8. Is this a game(s) involving, in whole or in part, the skill of the player? YES ____ NO ____

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.

NOTE: If you are a new licensee and this is the only application you are filing, you must complete the entire application. If you have other Town licenses, you need not complete the rest of the application.

Business name: _____ Daytime Phone: _____
Business address: _____

Signature of applicant: _____ Title: _____
Applicant Phone: _____
Date Signed: _____

BUSINESS ORGANIZATION

The business for which this application is being filed is a (check the applicable section):

- () Sole Proprietorship (Please state Owner's Name): _____
- () Partnership (list partners): _____
- () Limited partnership (list partners): _____
- () Corp-oration (name): _____

(If the applicant is a corporation, list the name and home address of each officer, director and each shareholder and the amount of stock in the corporation owned by each. Submit extra sheet if necessary): _____

Corporation Federal ID #: _____

MANAGER OF RECORD

Manager's Name: _____

Home Address: _____

Phone Number (daytime): _____

Date of Birth: _____ Social Security #: _____

Mother's Maiden Name: _____ Father's Name: _____

WITHIN THE PAST SEVEN YEARS HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR VIOLATION OF A STATE OR FEDERAL NARCOTICS LAW?

YES ____ **NO** ____

BUSINESS OPERATION

Capacity of Premises _____ # of Restrooms _____ # of Egresses _____

Hours of operation of the business: _____

Proposed Hours of Entertainment:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____