



**THE COMMONWEALTH OF MASSACHUSETTS**  
**TOWN OF PLAINVILLE**  
**OFFICE OF LICENSING BOARD**  
**AUTOMATIC AMUSEMENT**  
**NEW APPLICATION CHECKLIST**

- Completed Application for Automatic Amusement Device License filed with the Town Administrator Office, 190 South Street, Plainville, MA 02762.
- Articles of Organization (if a corporation) as filed with the Massachusetts Secretary of State. Must contain the Seal of Secretary of State.
- Copy of the blueprints or a hand drawn diagram (drawn to scale) of the premises. If leased provide a copy of the lease agreement.
- Workers' Compensation Certificate of Insurance per M.G.L., Chapter 152, Section 25A. Contact your insurance company and have them fax to the attention of the Select Board @ 508-695-1857. Please list the Town of Plainville as "Certificate Holder".
- State Workers' Compensation Insurance Affidavit – Even if your establishment does not require Workers' Compensation this must be filled out.
- Fire Inspection Report – Per Fire Code Compliance Policy for Businesses and All License Holders approved by the Select Board. Call the Fire Department @ 508-695-5252.
- Business Certificate per MGL Chapter 110, Section 5 & 6; any person conducting business in the Commonwealth under any title other than the real name of the person conducting the business, whether individually or as a partnership, or under the true corporate name. See Town Clerk.
- Emergency Contact Information to include: Contact name and phone number, hours of operation and whether the premises are alarmed.
- Check made out to the Town of Plainville for the following new license request:

Automatic Amusement - \$20/per machine – maximum \$200

**Return Checklist and Application to the Select Board's Office.**  
**THE COMMONWEALTH OF MASSACHUSETTS**  
**TOWN OF PLAINVILLE**  
**OFFICE OF LICENSING BOARD**  
**AUTOMATIC AMUSEMENT APPLICATION**

To the Town of Plainville Local Licensing Authority:

The undersigned hereby applies for a License in accordance with the provisions of the Statues relating thereto. The application must be completed with full details.

Name of Applicant: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please list Name and Type of each Coin Operated Device Separately:**

**Note: Pool Tables are Licensed under a Pool Table License.**

Device Name: \_\_\_\_\_

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

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**Signature**

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**Date**

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**Title**