



City of Westfield, Massachusetts

LICENSE COMMISSION

APPLICATION FOR COIN-OPERATED AMUSEMENT DEVICE

FEE: \$100.00 for each Automatic Amusement Device

Date Completed _____

4 COIN-OP DEVICES OR MORE REQUIRES A PUBLIC HEARING WITH THE LICENSE COMMISSION PER CITY ORDINANCE.

Full Name of Business _____

Include: Corporation or LLC d/b/a other

Business Address _____ Bus. Telephone # _____

Fax # _____ E-Mail Address _____ Web Address _____

Name of Owner _____

Address of Owner _____

Telephone# of Owner _____ Cell phone# _____

NEW APPLICATION _____ **AMENDED APPLICATION** _____

TOTAL AUTOMATIC AMUSEMENT DEVICES _____

COIN OPERATED POOL TABLE _____

VIDEO GAMES _____ GIVE DESCRIPTION OF EACH _____

PINBALL MACHINES _____ GIVE DESCRIPTION OF EACH _____

OTHER _____ GIVE DESCRIPTION OF EACH _____

**** ANY CHANGES TO THE APPROVED APPLICATION MUST RECEIVE APPROVAL FROM THE LICENSE COMMISSION. NON-COMPLIANCE WITH THIS REQUEST IS A VIOLATION THAT MAY RESULT IN THE SUSPENSION OR REVOCATION OF YOUR LICENSE****

Signature of person completing this application: _____

Print Name _____

NOTE: Any false statement made by the Applicant knowing of its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be cause or grounds for refusing to grant the license or permit, or for suspending, canceling or revoking a license or permit already properly granted.

I do hereby certify under the pains and penalties of perjury that the information provided in this application is true and correct.

Signature of Owner or Corporate Name (Mandatory)

Full signature required

Please Print Name of Owner or Corporate Name