

Fee: _____
New Application _____
Renewal _____
Amend _____

APPLICATION FOR AUTOMATIC AMUSEMENT DEVICE LICENSE

THE CITY OF REVERE MASSACHUSETTS

The applicant, not the distributor, must submit application

PLEASE PRINT

Fee: \$100 per machine

LICENSEE NAME _____ Tax I.D. # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

PHONE # _____ EMAIL _____

NAME OF DISTRIBUTOR _____ PHONE# _____

ADDRESS OF DISTRIBUTOR _____

DISTRIBUTOR'S SIGNATURE _____

TRADE NAME OF MACHINE STATE I.D.# NAME OF MANUFACTURER TYPE (e.g., slot-style, poker, arcade, pinball)

Total number of coin-operated automatic amusement devices applied for _____

APPROVED _____

DENIED _____

Signed under the pains and penalties of perjury

Applicant's signature

Home Address _____

Home Telephone # _____

COMMONWEALTH OF MASSACHUSETTS

Suffolk, SS

Date: _____

Then personally appeared before me, the above-named _____ and acknowledged the foregoing to be true to the best of his knowledge and belief.

My Commission expires _____

Notary Public