



**Licensing Department**

150 Concord Street – Memorial Building – Room 203, Framingham, MA 01702-8325

Telephone: 508-532-5402 FAX: 508-532-5769

Diane Willoughby Licensing Coordinator [drw@framinghamma.gov](mailto:drw@framinghamma.gov)

**AUTOMATIC AMUSEMENT DEVICE APPLICATION**

Application Fee - \$15.00

License Fee -Coin-operated Machines - \$100.00 each machine per year

License Fee - Pool Table – \$100.00 each table per year

License Fee - Health Machine - \$25.00 each machine per year

\_\_\_\_\_ Date

Name \_\_\_\_\_

Address \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Type of business conducted where machine is to be located \_\_\_\_\_

Type of Machines  
(Ctrl+Sp Multiple  
Choices)

Name of Machines \_\_\_\_\_

\_\_\_\_\_

Number of Machines \_\_\_\_\_

Owner of Machines \_\_\_\_\_

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

Agent's name & address \_\_\_\_\_

\_\_\_\_\_ Applicant's Signature

Town General Bylaw –Article 1X – Town Fees, Section 4

MGL-Chapter 140, section 177A

*For City Use Only:*

Police \_\_\_\_\_  
Date

Health \_\_\_\_\_  
(if applicable) Date

Building \_\_\_\_\_  
Date

**Submit the following with application**

1. Business Plan - Letter to the Board of License Commissioners describing the type of business to be conducted.
2. Completed & Signed Application.
3. Floor Plan Showing Location of Devices
4. Articles of Organization (if applicable)
5. Business Certificate (if applicable)
6. Copy of Lease.
7. \$15 application fee payable to the City of Framingham

**Following must be submitted prior to license being issued**

8. Signed Workers' Compensation Insurance Affidavit
9. Certificate of Workers' Compensation Insurance listing City of Framingham Licensing Coordinator as Certificate Holder or Information Page of Policy
10. License fee (see application) payable to City of Framingham