

TOWN OF LYNNFIELD  
Attn: Selectmen's Office  
55 Summer Street  
Lynnfield, MA 01940  
Phone 781-334-3180 -- fax #781-334-0014

**APPLICATION FOR AUTOMATIC AMUSEMENT DEVICE**

Annual Fee: \$50 each machine

***Return this form along with the Workers' Compensation Insurance Affidavit and applicable license fee. Checks are to be made payable to the Town of Lynnfield.***

The undersigned respectfully applies for an Automatic Amusement Device License in accordance with the provisions of Chapter 140 as amended by Chapter 361 of 1949.

Applicant's name and address: \_\_\_\_\_

telephone # \_\_\_\_\_

Name of Business: \_\_\_\_\_ telephone # \_\_\_\_\_

Number and types of Automatic Amusement Device (s): \_\_\_\_\_

Automatic Amusement Device(s) will be kept on the following described premises:

address	description of premises
_____	_____

List owner of machine(s) \_\_\_\_\_

Address of owner	phone number
_____	_____

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

\_\_\_\_\_  
**\*Signature of Individual or Corporate Name (Mandatory)**

\_\_\_\_\_  
**By: Corporate Officer (Mandatory, if applicable)**

\_\_\_\_\_  
**\*\*Social Security # or Federal Identification Number**

**\*This license will not be issued unless the applicant signs this certification clause.**

**\*\*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.**