



EXPIRES:

Commonwealth of Massachusetts
Hatfield, Massachusetts

Automatic Amusement Device and Juke Box License Application

BUSINESS NAME: _____

ADDRESS: _____

Telephone # _____

AUTOMATIC AMUSEMENT DEVICES and JUKE BOXES

Number of Devices	Type of Device	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****List additional devices on back of form.

Form completed by,

Signature

Printed Name

Position/Title

Date completed