

Town of



Sterling

MASSACHUSETTS

**AUTOMATIC AMUSEMENT
LICENSE APPLICATION**

PERMIT # _____

PERMIT FEE: \$ _____

FEE PD: _____

PRINT ALL INFORMATION
ALL INFORMATION MUST BE FILLED IN

1. NAME OF BUSINESS/OR ORGANIZATION/OR INDIVIDUAL:

2. PERSON RESPONSIBLE FOR LICENSE:

Street & number City/Town State Zip Phone #
3. ADDRESS AND PHONE # OF PERSON RESPONSIBLE:

Street and Number City/Town State Zip Phone #
4. LOCATION AND PHONE # WHERE LICENSE IS TO BE USED:

5. LIST NAME AND TYPE OF EACH DEVICE SEPARATELY:

THIS LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR.

Signature of Licensee

Print name

F.I.D. OR S.S. Number

Date