



**TOWN OF MAYNARD**  
**Office of Municipal Services**  
 MUNICIPAL BUILDING  
 195 Main Street  
 Maynard, MA 01754  
 Tel: 978-897-1302 Fax: 978-897-8489  
 www.townofmaynard-ma.gov

**Andrew Scribner-MacLean**  
*Assistant Town Administrator*  
*Executive Director*

*Board of Health*  
*Conservation Commission*

*Building & Inspections*  
*Licensing*

*Board of Appeals*  
*Planning Board*

***Common Victualler / Entertainment / Automatic Amusement Application***

Name: \_\_\_\_\_ DBA (if applicable) \_\_\_\_\_

Business Name: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ S.S. # of Owner: \_\_\_\_\_

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

Owner's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Manager Name: \_\_\_\_\_

Manager Phone: \_\_\_\_\_

**COMMON VICTUALLER (\$85.00)**

Proposed Days/Hours of Operation: \_\_\_\_\_

Description of Premises: \_\_\_\_\_

\_\_\_\_\_

Seating Capacity (If Any): \_\_\_\_\_

Principal Food or Foods Served: \_\_\_\_\_

**ENTERTAINMENT (\$40.00)**

Principal Time of Entertainment: from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Description of Entertainment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTOMATIC AMUSEMENT DEVICE(S) (\$40.00 per establishment)**  
**Mechanical Games (if applicable)**

**\*\* Please attach visual plan of the premises\*\***

Number and Location of all entrances to and exits from the premises: \_\_\_\_\_

\_\_\_\_\_

Type of Establishment where the Games are located: \_\_\_\_\_

Exact location and number of Machines to be licensed: \_\_\_\_\_

\_\_\_\_\_

The specific type and number of Mechanical games being licensed: \_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR NEW BUSINESSES:** Once completed application is received, we will schedule a date for you to appear before the Board of Selectmen. At this time the Selectmen will review your application and issue license(s).

Conditions set by Licensing Board (If Any):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_