



TOWN OF MAYNARD

Select Board

MUNICIPAL BUILDING

195 Main Street

Maynard, MA 01754

Tel: 978-897-1301

Fax: 978-897-8457

www.townofmaynard-ma.gov

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 Select Board. At this time the Select Board will review your application and issue license(s).

Conditions set by Licensing Board (If Any):
