



# TOWN OF MILLVILLE

MASSACHUSETTS 01529

Longfellow Municipal Center  
8 Central Street  
Tel: 508-883-8433  
Fax: 508-883-2994

**ANNUAL FEE:  
\$50.00/DEVICE**

## **AUTOMATIC AMUSEMENT DEVICE LICENSE**

The Board of Selectmen, as the Town of Millville Local Licensing Authority, may issue an Automatic Amusement Device License to those establishments which comply with all state laws regarding automatic amusement devices and which meet all the regulations of the Board of Selectmen.

Before granting a license, the Board of Selectmen must determine whether the public good, order and welfare of the Town will be affected by the granting of the License. In making this determination, the Board will consider the following:

**Whether the location is suitable.**

*(Traffic, parking facilities, pedestrian flow and increased pedestrian traffic are important factors to be considered when deciding on a location for an automatic amusement device.)*

**Whether the applicant is a suitable person.**

**Whether the license should be limited in hours of operation.**

**Whether the license should be limited in the number of machines licensed at any one location.**

*(In its deliberation the Board will consult with the Building Inspector and/or Fire Chief (or designee). The standards contained in the State Building Code and Fire Safety Code (having to do with occupancy, loads, means of egress, etc.) shall be applied with the objective being to assure free and unobstructed passage of persons in or near the facility, including those areas on the outside of the facility to which the public has right of access. The Board reserves the right to place a limitation on number as in its discretion shall serve the general good, order and welfare of the Town.*

Whether the license would unreasonably increase the incidence of disruptive conduct or level of noise in the area in which the premises are located.

An applicant shall fill out the Automatic Amusement License Application Form and return it to the Town Hall Business Office with a check covering the fee for each device requested. If it is a NEW application, the applicant shall submit a drawing to scale showing the exact layout of the facility including tables, chairs, furniture, etc. This is not required for a RENEWAL.

The fee shall be \$50.00 annually per device. All licenses shall expire December 31st. Each device shall be subject to this licensing policy. Each device shall be licensed. All automatic amusement devices shall be described including the type, name, serial number and manufacturer.

The Selectmen, upon receipt of a complaint that the holder of a license for an automatic amusement device is not in compliance with this policy and/or is allowing the licensed machines to be used in a manner contrary to the general good, order and welfare of the Town, shall cause an investigation to be undertaken following which, after written notice to the licensee, it may take action appropriate to its findings including suspension or revocation of such license.



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## APPLICATION FOR AUTOMATIC AMUSEMENT DEVICE LICENSE

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

The undersigned hereby applies for an Automatic Amusement Device License in accordance with the provisions of M.G.L. c.140, §177a which requires the licensing of such amusement devices.

\_\_\_\_\_  
Name of Business Establishment

\_\_\_\_\_  
Name of Owner/President

\_\_\_\_\_  
Manager (if different than Owner/President)

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

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Telephone Number

### Classification of Automatic Amusement Devices

<u>Quantity</u>	<u>Game Type*</u>	<u>Game Name</u>	<u>Serial No.</u>	<u>Manufacturer</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Video Game, Pinball Machine, Simulated Sports, Computer Game, Juke Box, Moving Ride, Other

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Owner

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ BY THE BOARD OF SELECTMEN ON: \_\_\_\_/\_\_\_\_/\_\_\_\_.

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\_\_\_\_\_  
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