



Date Submitted _____
Hearing Date _____

TOWN OF WARE

Checklist for Licensed Premises

Indicate License Application and Annual Fee

- | | |
|--|----------------|
| <input type="checkbox"/> Common Victualler License Application (MGL Ch. 140, Sec. 6) | \$50.00 |
| <input type="checkbox"/> Entertainment License Application (MGL Ch. 140, Sec. 183A) | \$100.00 |
| <input type="checkbox"/> Automatic Amusement Device License Application (MGL Ch. 140, Sec. 177A) | \$60.00/device |
| <input type="checkbox"/> Lodging License Application (MGL Ch. 140, Sec. 22) | \$50.00 |

Application Packet Shall Include

- Workers' Compensation Insurance Affidavit
- Copy of Deed or Lease Agreement
- Copy of Business Certificate or Business Entity on file with the State

Department Review

- Building Department has been contacted for permits or inspections _____
- Board of Health has been contacted for licenses, permits or inspections _____
- Planning & Community Development has been contacted for permits _____

The applicant understands that a public hearing may be scheduled, a legal advertisement may be placed which the applicant will be billed for, and the applicant is required to attend the hearing to consider all information.

Corporation Name: _____

D/B/A Name: _____

Address of Establishment: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name of Manager: _____

Signature of Individual or Corporate Name: _____

Title or Corporate Officer: _____

Date of Signature: _____

Decision: _____ License Number: _____

Payment Information:

Name on Check _____

Amount \$ _____ Check Date _____



TOWN OF WARE
Automatic Amusement Device Application
(MASSACHUSETTS GENERAL LAWS, CHAPTER 140, SECTION 177A)

Date Submitted to Town of Ware: _____ Payment Information: _____

Corporation Name: _____

D/B/A Name: _____

Address of Establishment: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name of Manager: _____

Requested Number of Machine / Devices (\$50.00 annual fee per device) _____

~~ Attach a sketch plan showing the location of each machine / device. ~~

Describe the type of machine / device:

Name of Game	Licensee Name & Address	Machine Owner Name & Address	# of Meters

If this license is granted, I hereby agree to abide by all of the laws of the Commonwealth of Massachusetts and all rules and regulations of the Ware Board of Selectmen. I understand and accept the responsibility of ensuring that these are enforced.

Pursuant to MGL, C. 62C, s. 49A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to MGL, C. 152, s. 25A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, complied with the law of the Commonwealth relating to Workers' Compensation Insurance.

Signature of Individual or Corporate Name: _____

Title or Corporate Officer: _____

Date of Signature: _____

Federal Identification Number or Last Four of Social Security Number: _____

Public Hearing Date: _____ Decision: _____

License Number: _____