



Coin-Operated Machine License Application

July 1 through June 30

Establishment Name: _____ Phone: _____

Owner(s) Name: _____ Phone: _____

Location of Establishment: _____

Mailing Address: _____ Town|State|Zip: _____

Name of Manager: _____ Phone: _____ E-mail: _____

Sellers Certificate Number _____

Is the establishment a corporation? Yes No

If yes, please complete the attached supplementary questionnaire.

Does applicant(s) own the premises? Yes No

If no, name and address of owner: _____

Business records are located at: _____

Applicant(s) and Manager(s) (if any):

_____	_____	_____
Full Name	Date of Birth	Resident of Town State

_____	_____	_____
Full Name	Date of Birth	Resident of Town State

_____	_____	_____
Full Name	Date of Birth	Resident of Town State

Have the applicant(s) and manager(s) ever been convicted of any violation of the law, other than minor traffic violations, of any State within the past 5 years? Yes No

_____	_____
Full Name	Date and Location of Conviction

_____	_____
Offense	Disposition

_____	_____
Full Name	Date and Location of Conviction

_____	_____
Offense	Disposition

Describe in detail the premises and/or building(s) to be licensed: _____

Have you received any assistance financially or otherwise (including any mortgage) from any source other than yourself for your business establishment? Yes No

Does any other person have any interest directly or indirectly in your business? Yes No

If yes, please explain: _____

MACHINES TO BE LICENSED Fee: \$110.00 per machine OR \$1,500 flat fee for R-F Zone
Campgrounds

(Maximum of 25 machines) Use separate page to list types of machines if needed.

Name and Type of Machine:	Name and Type of Machine:	Name and Type of Machine:
Name and Type of Machine:	Name and Type of Machine:	Name and Type of Machine:
Name and Type of Machine:	Name and Type of Machine:	Name and Type of Machine:

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee, and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license. It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect to thereto. Applicant(s) agree(s) to release criminal history record information, as authorized by 16 M.R.S.A. Section 620 (6) (Criminal History Record Information Act), to the Town Clerk's Office or licensing authority.

_____	_____
Name of Corporation (if applicable)	Signature of Individual
_____	_____
If Corporation, by Duly Authorized Officer	If Partnership, by Members of Partnership
_____	_____
Town/City, State Signed	Date

The following must be submitted with this application:

- Fee: \$110 per machine or \$1,500 flat fee for R-F Zone Campgrounds (maximum 25 machines).
- Corporations only:* Attested copies of Articles of Incorporation and Bylaws.
- Corporations only:* Supplemental Questionnaire.
- Associations only:* Articles of Association and Bylaws with a list of officers and directors.
- Non-Corporations only:* affidavit identifying all owners, officers, managers or partners of the applicant including places of residence at time of application.

For office use only:

Date Received: _____ Amount Paid: _____ Cash Check # _____ Credit Card
Received By: _____