



City of Chicopee, Massachusetts

License Commission

City Hall – 274 Front Street – Chicopee, MA 01013
Tel: (413) 594-1530 Fax: (413) 594-1531 Website: www.chicopeema.gov

AUTOMATIC AMUSEMENT LICENSE APPLICATION

Amended by the Chicopee License Commission effective September 17, 2020

ANNUAL FEE PER DEVICE: \$45.00

Please check (✓) below the type(s) of devices and number of each in your business establishment.

- | | | |
|--|--|--|
| <input type="checkbox"/> Basketball # _____ | <input type="checkbox"/> Bowling # _____ | <input type="checkbox"/> Buck Hunter # _____ |
| <input type="checkbox"/> Darts # _____ | <input type="checkbox"/> Golf # _____ | <input type="checkbox"/> Pinball # _____ |
| <input type="checkbox"/> Pool Table # _____ | <input type="checkbox"/> Shuffle# _____ | <input type="checkbox"/> Skill Crane # _____ |
| <input type="checkbox"/> Skill Touch # _____ | <input type="checkbox"/> Soccer # _____ | <input type="checkbox"/> Tic Tac Fruit # _____ |

Please print clearly.

Video [Name of Game(s) and Number of Each]:

Other [Please define and indicate the number of each!]:

★ **Note:** Juke Boxes do not require an Automatic Amusement License, but they do require a Weekday and Sunday Entertainment License (*separate application*).

- License Commission Meeting Schedule -

The License Commission Meetings are scheduled the third Thursday of every month. Meetings schedules are subject to change. Please plan your Special Event with this schedule in mind as applications that are not on the agenda will not be accepted. Please call the License Commission administrator's office to verify meeting dates.

License Posting

All licenses, permits, and certificates issued by the City of Chicopee Licensing Authorities affecting the licensed premises shall be posted conspicuously; provided, however, that no such document shall be posted in such a way as to cover over any part of the license issued by the Chicopee License Authority.

Name of Establishment: _____

Address: _____

Mailing Address (If different): _____

Telephone: _____ Email: _____

Applicant's/Owner's Name: _____

Applicant's Social Security Number
or Federal Identification Number (FIN): _____

- Owner of Devices -

Please provide the following information in relation to all the devices listed above. *If additional space is needed, please use lined paper and attach to this application.*

Device Name: _____

Owner's Name: _____

Address: _____

Telephone: _____

Device Name: _____

Owner's Name: _____

Address: _____

Telephone: _____

Device Name: _____

Owner's Name: _____

Address: _____

Telephone: _____

Device Name: _____

Owner's Name: _____

Address: _____

Telephone: _____

Device Name: _____

Owner's Name: _____

Address: _____

Telephone: _____

Device Name: _____

Owner's Name: _____

Address: _____

Telephone: _____

Device Name: _____

Owner's Name: _____

Address: _____

Telephone: _____

★ **Note:** No additional machines may be placed in your establishment without the prior approval from this Licensing Authority. Unlicensed devices are a violation of Massachusetts General Laws. Action will be taken against all violators.

Total Devices: _____ **X (multiplied by)**

\$100 per Automatic Amusement Device =

Total Annual Application Fee Due: \$ _____

Please remit this completed application and the total annual application fee reflected above by check or money order made payable to the **City of Chicopee**.

Business Owner's Name: _____ Telephone: _____

Business Owner's Signature: _____ Date: _____