

Town of Franklin

355 East Central Street
Franklin, MA 02038



AUTOMATIC AMUSEMENT APPLICATION ANNUAL FEE \$125.00 per Device

Date: _____

Business Owner: _____
First Middle Initial Last

Address: _____ Telephone #: _____
Town/City zip

Email Address: _____

Name of Business: _____ Attach copy of Business Certificate

Business Location: _____ Telephone # _____

Corporation Name: (If applicable) _____ Attach copy of Articles of Incorporation

Address: _____ FID # _____ - _____
Town/City zip

Manager Name: _____
First Middle Initial Last

Address: _____
Town/City zip

Home Telephone: _____ Cell Phone: _____

Date of Birth: _____ Social Security number: _____
Month Day Year

Proposed days and hours of business operation: _____

Complete Automatic Amusement Device Information Sheet *(attached)*

Be sure that the following documents are attached:

1. Business certificate (Issued by Town Clerk's Office) and or Articles of Incorporation
2. Certificate of Compliance with State Laws, completed and signed
3. Workers' Compensation Insurance Affidavit, completed and signed
4. Automatic Amusement Device Information Sheet

I hereby state that all information provided on this application is true and accurate.

Applicant signature: _____

Automatic Amusement Licenses are issued in conformity with Town of Franklin Bylaws, Chapter 52 (restricted to five devices) and the authority granted by General Laws, Chapter 140 and amendments thereto. All licenses expire December 31 of each year.

The Town Administrator's office upon receipt will forward copies of all applications to the following departments for their review and recommendations.

Police Chief (508-528-1212) Shall initiate a background check of the proposed manager and review the application to determine if, in his opinion, any public safety hazard would exist by reason of the location or the hours of operation.

Fire Chief (508-528-2323) or his designate, Shall review and examine the proposed business location to determine if, in their opinion, any public safety hazard would exist by reason of the location, and that the proposed premises meets all fire safety regulations.

Building Inspection (508-520-4926) Shall examine and review the proposed business location to determine if, in their opinion, any public safety hazard would exist by reason of the location, and that the proposed premises meet all building safety regulations and building codes.

Zoning Officer (508-520-4926) Shall examine and review proposed business location to determine if it conforms to all zoning regulations and bylaws.

Board of Health (508-520-4905) Shall examine and review proposed business location to determine if, the premises meets and conforms to the provisions of the State Sanitary Code and any local regulations of the Board of Health and that all necessary health permits have been obtained.

Treasurer's Office (508- 520-4950) Shall examine their records to see that all taxes and fees due to the Town of Franklin are up to date for both the applicant and owner of property to be used for proposed business.

Each of Departments Shall make whatever recommendations it deems necessary to the **Town Administrator's office** (508-520-4949) after review of such application, recommending such measures or restrictions on the issuance of any license as may be necessary to protect the public peace, health, safety or general welfare of the community.

DEPARTMENT NAME: _____

Signoff: **Yes Conditions:** _____

No _____

Official's Name: _____ **Signature:** _____

DATE: _____

LICENSE **APPROVED – Condition (s)** _____

DECLINED – Reason (s) _____

DATE _____

TOWN ADMINISTRATOR SIGNATURE: _____