OFFICE OF BOARD OF SFLECTMEN
TOWN OF NORWELL
345 MAIN STREET P.O. BOX 295 (781) 659-8000
NORWELL, MASSACHUSETTS 02061 FAX (781) 659-7795

AMUSEMENT/ENTERTAINMENT LICENSE

Monday through Saturday

(Sunday Amusement License on a Separate Form)

FEE:	**$75**	**Per Coin Operated Device**	**$200**	**Per Theatre/Screen (Motion Picture Shows)**
	$175	**Live Entertainment (Stage plays, Etc.)**	**$50**	**Per Billiard Table, etc.**
	$100	**Public Diversion/Public Amusement**	**$100**	**SUNDAY FEE (TOWN ONLY)**

APPLICATION FOR: NEW ( ) RENEWAL ( )

Name of Business:_____

Address of Business:_____

Telephone #:_____ Fax #: _____

Owner of Business:_____ Telephone #: _____

Owners Address:_____

Owner of Building: Name:_____

Address:_____

Person to contact regarding licensing:_____

Address:_____ Telephone #: _____

Fax #: _____ Email address: _____

List type of Amusement/Entertainment and Fee:_____

Days/Hours of Amusement/Entertainment:_____

If any of the following apply to the specific AMUSEMENT/ENTERTAINMENT listed above, please answer:

NUMBER OF COIN OPERATED DEVICES:_____ IF GAMES, SPECIFY NAMES:_____

MOVIE/VIDEO/TV SCREENS: No. of Screens_____ BILLIARD TABLES: No. of Tables:_____

_____ Date:_____

Signature

In accordance with Massachusetts General Laws, Chapter 233, Section 35, the Commissioner of Revenue requires, as of August 1, 1983, that all cities and town over 5,000 require the following statement before issuing the above license.

pursuant to M.G.L., Ch. 62C. Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

_____ _____

Social Security No. or Federal ID No. Signature of Applicant

By: _____

Corporate Officer (If applicable)

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