

GUIDE TO AUTOMATIC AMUSEMENT DEVICE LICENSES

Pursuant to Section 8-15 of the Somerville Code of Ordinances, a license must be obtained before keeping any automatic amusement devices on one's premises. Licensure is valid from the date of the license through December 31 of the same year only. The fee is \$60.00 per device.

To complete the application:

1. Fill in the Application for an Automatic Amusement Device License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the Workers' Compensation Insurance Affidavit (If you have workers' compensation insurance, be sure to include the name of the insurance company and the policy number).
2. For new applicants OR applicants adding amusement devices, contact the Inspectional Services Department to arrange an inspection and a sign-off on the Application (617 625-6600 x5600).
3. For new applicants OR applicants adding amusement devices, proceed to the Police Department to obtain the approval of the Police Chief, as follows:
Police Department
220 Washington Street
617 625-6600 x7200
Monday–Friday, 8:30 AM – 4:00 PM
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:
Treasury
93 Highland Avenue (City Hall)
617 625-6600 x3500
Monday–Wednesday, 8:30 AM – 4:00 PM
Thursday, 8:30 AM – 7:00 PM
Friday, 8:30 AM – 12:00 PM
5. Proceed to the City Clerk's Office to confirm that a current Common Victualler's License is in place with the Licensing Commission and obtain a sign-off on the Application, as follows:
Licensing Commission, City Clerk's Office
93 Highland Avenue (City Hall)
617 625-6600 x4107
Monday–Wednesday, 8:30 AM – 4:30 PM
Thursday, 8:30 AM – 7:30 PM
Friday, 8:30 AM – 12:30 PM
6. Submit the application and the fee to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

APPLICATION FOR AN AUTOMATIC AMUSEMENT DEVICE LICENSE

Application Fee \$60.00 per device

Date _____

| |
|------------------------------|
| FOR CITY CLERK'S OFFICE ONLY |
| Date Recorded _____ |
| Amount Paid _____ |

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Tax Identification Number: _____ Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Number of automatic amusement devices to be kept: _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

LICENSING COMMISSION RECOMMENDATION:

The Licensing Commission recommends that the application be: Approved Denied

Signature: _____ Date: _____

FOR NEW APPLICANTS OR APPLICANTS ADDING AMUSEMENT DEVICES:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: Approved Denied

Signature: _____ Date: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: Approved Denied

Signature: _____ Date: _____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

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.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

| | | |
|---------------------|-------------------------|--|
| City or Town: _____ | Permit/License #: _____ | <input type="checkbox"/> Board of Health |
| | | <input type="checkbox"/> Building Department |
| | | <input type="checkbox"/> City/Town Clerk |
| | | <input type="checkbox"/> Licensing Board |
| | | <input type="checkbox"/> Selectmen's Office |
| | | <input type="checkbox"/> Other _____ |