



TOWN OF HANOVER
550 HANOVER STREET, SUITE 103
HANOVER, MASSACHUSETTS 02339
781-826-5000 ext. 1032

Janet D. Tierney
Director of Public Affairs
Licensing and Insurances

COMMONWEALTH OF MASSACHUSETTS
TOWN OF HANOVER

AUTOMATIC AMUSEMENT LICENSE APPLICATION

Applicant's Name: _____

DBA: _____

Street Address: _____

Map & Lot Number (Available in the Assessor's Office): _____

Days & Hours of Operation: _____

Please state clearly the purpose for which this license is requested:

Please provide a list of Automatic Amusements, by name of Amusement, to be licensed at the above location, a site plan including location and dimensions of all proposed uses, a copy of the signed lease or deed for the business address provided above, and completed CORI authorization forms for all those with a financial interest in the business to be licensed.

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 by law.

Signature of Applicant

Telephone Number

Print Name

Email Address

Mailing Address