

**TOWN OF SCARBOROUGH  
OFFICE OF THE TOWN CLERK**

The undersigned respectfully apply for a license to operate a pinball or other coin-operated amusement device(s) from July 1, 2009, through June 30, 2010.

At \_\_\_\_\_, located at \_\_\_\_\_.  
In conformance with the PINBALL AND VIDEO MACHINE ORDINANCE of the Town of Scarborough, effective June 16, 1983, as amended to date:

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

1. APPLICANT(S):	2. BUSINESS:
Name(s) in Full:	Physical Location:
Applicant(s) Home Address:	City/Town: <span style="float: right;">Zip:</span>
	Mailing Address (if different from above):
City/Town: <span style="float: right;">Zip:</span>	City/Town: <span style="float: right;">Zip:</span>
Residence Telephone Number(s):	Business Telephone Number:  Seller's Certificate Number:

3. Is applicant a Corporation? YES \_\_\_\_ NO \_\_\_\_  
If you have checked "Yes," please complete Supplementary Questionnaire for Corporation Applicants.

4. If manager is to be employed, give name: \_\_\_\_\_

5. Business records are located at: \_\_\_\_\_

6. Is/are applicant(s) citizen(s) of the United States? YES \_\_\_\_ NO \_\_\_\_

7. Is/are applicant(s) resident(s) of the State of Maine? YES \_\_\_\_ NO \_\_\_\_

8. List name, date of birth, place of birth for all applicants and manager, if any. Give maiden name if married.

Name in Full	Date of Birth	Place of Birth
Name in Full	Date of Birth	Place of Birth

9. Resident address on all of the names listed in Item 8 for the previous 5 years (give city and state only):

\_\_\_\_\_

\_\_\_\_\_

10. Has applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State or the United States, within the past 5 years? YES \_\_\_\_ NO \_\_\_\_

Name	Date of Conviction
Offense	Disposition
	Location

11. Does applicant(s) own the premises? YES \_\_\_\_ NO \_\_\_\_

If "No," please give name and address of owner: \_\_\_\_\_

12. Describe, in detail, the premises and/or building(s) to be licensed: \_\_\_\_\_

13. Have you received any assistance financially or otherwise (including any mortgage) from any source other than yourself in the establishment of your business? YES \_\_\_\_ NO \_\_\_\_

14. Has any other person any interest directly or indirectly in your business? YES \_\_\_\_ NO \_\_\_\_

If "Yes," please give details: \_\_\_\_\_

**MACHINES TO BE LICENSED**

**Fee: \$110.00 per machine OR**

**\$1,500 flat fee for R-F Zone Campgrounds (Maximum of 25 machines)**

Name – Type of Machine	Name – Type of Machine	Name – Type of Machine
Name – Type of Machine	Name – Type of Machine	Name – Type of Machine
Name – Type of Machine	Name – Type of Machine	Name – Type of Machine
Name – Type of Machine	Name – Type of Machine	Name – Type of Machine

STATEMENT: Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee, and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect to thereto.

Applicant(s) agree(s) to release criminal history record information, as authorized by 16 M.R.S.A. Section 620 (6) (Criminal History Record Information Act), to the Town Clerk’s Office or licensing authority.

\_\_\_\_\_ Dated at Town/City, State

\_\_\_\_\_ Date

\_\_\_\_\_ Name of Corporation (if applicable)

\_\_\_\_\_ Signature of Individual

\_\_\_\_\_ If Corporation, by Duly Authorized Officer

\_\_\_\_\_ If Partnership, by Members of Partnership

**The following must be submitted with this application:**

- \_\_\_\_\_ 1. Fee: \$110 per machine or \$1,500 flat fee for R-F Zone Campgrounds (maximum of 25 machines).
- \_\_\_\_\_ 2. Corporations only: Attested copies of Articles of Incorporation and Bylaws.
- \_\_\_\_\_ 3. Corporations only: Supplemental Questionnaire.
- \_\_\_\_\_ 4. Associations only: Articles of Association and Bylaws with a list of officers and directors.
- \_\_\_\_\_ 5. Non-Corporations only: Affidavit identifying all owners, officers, managers or partners of the applicant (including places of residence at time of application).