



Commonwealth of Massachusetts

TOWN OF CANTON

Application for Amusement Devices Permit

Monday – Saturday

Date of Application: _____

In accordance with the provisions of the State Statues relating thereto, application for a permit for amusement devices is hereby made by:

NAME _____

ADDRESS _____

_____ Telephone _____

for _____ (number of devises)

Please list devices: _____

Fee: Per machine \$50.00 x _____ = \$ _____
No. Devices Total

Signature _____

Print Name _____

Mailing Address (if different from above) _____
