



Town of Windham
8 School Rd, Windham ME, 04062

APPLICATION FOR COIN-OPERATED AMUSEMENT DEVICE LICENSE

NEW RENEWAL

Name of Business _____

Address of Business _____

Business Mailing Address _____

Owner's Name _____ DOB _____

Owner's Mailing Address _____

Contact Phone _____ E-Mail _____

Please check where you would like your license Mailed:

Owner's Mailing Address Business Mailing Address

**** Coin-Operated Amusement Device Licenses expire on December 31 of each year. ****

Day & Hours of Operation _____

List Devices: Serial/ID # and Owner's Name, Address, and Phone Number

(These applications will not be processed without equipment owner's information)

Exempt: Jukebox, candy/cigarette machines, claw game, gumball machines, pool tables without coin slots

List additional machines on separate sheet

Notice to Applicant

Please take notice that if the Municipal Officers grant this license, you must still comply with all the requirements of the provisions of the Town's Land Use Ordinance, Health Code, and all other municipal ordinances, codes, and regulations. It is your responsibility to investigate the applicability of these requirements to your proposed use.

Date

Applicant, Acknowledgement of Receipt

Please return Application with \$100 per machine fee to: Town Clerk, 8 School Rd, Windham ME 04062

AUTHORIZED SIGNATURES:

Code Enforcement Officer _____

Chief of Police _____

Town Council _____

TOWN OF WINDHAM

BACKGROUND CHECK AUTHORIZATION AND RELEASE
For Business License

I, _____, hereby authorize the Town of Windham, (hereafter, the Town) to conduct a complete investigation into the background of the person(s) and/or entities named in the business license application attached hereto, using whatever legal means it deems appropriate. I hereby authorize any person or entity contacted by the Town to provide any and all such information deemed necessary by the Town. I hereby waive any rights of confidentiality in this regard.

I hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above-named applicant to furnish such information to a duly appointed agent of the Town whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory, or common law privilege. I authorize the release of this information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

The Town reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Town may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Town, and other agents or employees of the Town, shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the Town and its officers, agents and employees for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Town, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Dated: _____

Applicant/Owner

Print: First, Middle & Last Name

Date of Birth

Driver's License #