



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety & Inspections

1 Federal Street – Suite 0600 – Boston – MA 02110-2012

AMUSEMENT DEVICE APPLICATION FOR VARIANCE
Pursuant to 520 CMR 5.00

(APPLICANT)

(LICENSE NUMBER)

(d/b/a)

(FAX)

(ADDRESS)

(TELEPHONE)

(CITY / STATE / ZIP CODE)

(E-MAIL)

Please state each section of the regulation and/or ANSI standard for which a variance is being sought:

520 CMR _____

520 CMR _____

520 CMR _____

520 CMR _____

In accordance with 520 CMR 5.00, the Applicant must complete this form and attach supporting documentation demonstrating that full compliance with this regulation is overly burdensome and that the relief sought will not compromise public safety.

Please briefly explain reason for variance request. _____

Is documentation in support of meeting the threshold of public safety threshold attached? [☐] YES [☐] NO

CERTIFICATION:

I hereby certify, under the penalty of law, that this document and all attachments to the best of my knowledge are true and accurate.

Signature of applicant

Printed name

Date

Please send application and all accompanying material to:

Division of Professional Licensure

Office of Public Safety & Inspections

Amusement Division

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