APPLICATION: OPERATION OF INDIVIDUAL COIN OPERATED MACHINES

A BUSINESS IS REQUIRED TO PAY A CITY OCCUPATION TAX FOR EACH COIN OPERATED MACHINE IN USE. VERIFICATION OF PAYMENT WILL BE DISPLAYED IN A CONSPICUOUS PLACE WITHIN THE LICENSED PLACE OF BUSINESS.

OWNER OF BUSINESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TYPE: _____ ZONING:_____

TOTAL FLOOR AREA OF BUSINESS: _____TOTAL FLOOR AREA OPEN TO CUSTOMERS: _____

TOTAL FLOOR AREA OPEN TO CUSTOMERS PLAYING COIN OPERATED MACHINES: _____

BUSINESS PHONE #: _____ HOME PHONE #: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRATION: _____

DATE OF BIRTH: _____

COPY OF STATE LICENSES ATTACHED: YES _____ NO _____ N/A _____

FEDERAL BUSINESS/TAX ID # (if applicable): _____

TOTAL NUMBER OF AMUSEMENT MACHINES: _____

LIST NAME, TYPE, SERIAL NUMBER, AND STATE PERMIT NUMBER (if applicable) FOR EACH MACHINE:

NAME	TYPE	SERIAL/ID#	STATE DECAL#W/YEAR

SIGNATURE OF APPLICANT: _____ DATE: _____