

Occupational Tax

FRAUDULENT / FALSE INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION
(Illegible and/or incomplete applications will be denied)

Name of Applicant: _____ Date of Birth: _____

Address: _____ TXDL#: _____

Telephone No. _____

Name of Business: _____

Location of Business: _____

Business Hours: _____

Business Name of Vending Company: _____

Address of Vending Company: _____

Telephone Number(s) of Vending Company: _____

State Vending Permit Number of License: _____

List all Coin Operated Machines that are to be used on the premises:
(Additional pages may be added)

Type of Machine (Example: pool table, jukebox...etc)	Make	Serial Number

Signature: _____ Date: _____

\$15 per Machine

All payments must be made by check, cashiers check or money order.

"the place where COMMUNITY MATTERS"