



COIN OPERATED AMUSEMENT DEVICE APPLICATION

Quantity \$10 License Sought: _____	Total Fee Submitted: \$ _____
Check # _____	

Please Complete All Sections Below (Type or Print Legibly)

SECTION 1. APPLICANT INFORMATION

Name: _____		Phone: _____	
Address: _____	City: _____	State: _____	Zip: _____
Fax: _____	Cell: _____	E-mail: _____	

SECTION 2. BUSINESS INFORMATION

Business Name: _____		Phone: _____	
Address: _____	City: _____	State: _____	Zip: _____

SECTION 3. OWNERSHIP & RECORD LOCATION

Ownership Type: Individual _____ LLC _____ Corp. State Inc. # _____ Partnership _____			
LTD. Partnership _____		Other: _____ Federal EIN # _____	

Owners, Partners, LLC Members, or Officers (For additional Names Please attach list)	Name: _____	Title: _____	
	D.L. #: _____	Social Security #: _____	
	Home Address: _____		Phone: _____
	City: _____	State: _____	Zip: _____
	Name: _____	Title: _____	
	D.L. #: _____	Social Security #: _____	
	Home Address: _____		Phone: _____
	City: _____	State: _____	Zip: _____
	Name: _____	Title: _____	
	D.L. #: _____	Social Security #: _____	
	Home Address: _____		Phone: _____
	City: _____	State: _____	Zip: _____
	Name: _____	Title: _____	
	D.L. #: _____	Social Security #: _____	
	Home Address: _____		Phone: _____
	City: _____	State: _____	Zip: _____



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SECTION 4. MACHINE LOCATIONS

Identification No.	Machine Location Address	Business Name

INSTRUCTIONS FOR COMPLETING APPLICATION

Section 1: Applicant Information

This section is for the Name Address of person applying for the COAD License:

Section 2: Business Information

This section is for the name, address of the Business that is applying for the Device License:

Section 3: Ownership and Record Location

Please indicate the type of ownership. If you mark "Other" please describe. All corporations must provide information. A limited liability Corporation (LLC) Must have at least 1 member. General partnerships must provide the name of the general partner(s). List complete owner/officer/partner information as requested. Including names and titles, P.O. Box is not acceptable for home addresses.

Section 4: Machine Locations

Provide ID number of machine, The machine current location attach a separate sheet for information if needed

Applicant Signature

Date