

Quantity \$ 25 license Sought: _____

State License No. : _____

Total Fee Submitted: \$ _____

Check No. : _____

Please Complete All Sections Below.

Section 1. Application Information (Type or Print Legibly)

Applicant Name: _____

Street #	Direction	Street Name	Suite/Apt #
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City:	State:	Zip Code + 4:
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(Area Code) Phone #:	Fax # :	E-Mail:
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Section 2. Business Name Mailing Address and Telephone Number

Business Name: _____

Street #	Direction	Street Name	City	State	Zip
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(Area Code) Phone #:

Section 3. Business Ownership & Record Location

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

Owners, Partners, LLC Members, or Officers	Name:	Title	
	Drivers License:	Social Security #:	
	Home Address:		
	City:	State: Zip	
	Name:	Title	
	Drivers License:	Social Security #:	
	Home Address:		
	City:	State: Zip	
	(For additional Names, Please attach list)	Name:	Title
		Drivers License:	Social Security #:
		Home Address:	
		City:	State: Zip

Section 4. Machine Locations

Identification No.	Machine Location Address	Business Name

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 Coin Operated Amusement Device License:

Section 2: Business Name Address and Telephone Number
 This section is for the name and address of the Business that is applying for Device License:

Section 3. Business Ownership And Record Location:
Ownership
 Please indicate the type of ownership. If you mark "other" please describe. All corporations must provide State in which incorporated. State Incorporation # , officers' names and addresses (at least 2) and statutory agent information. A limited Liability Corporation (LLC) Must have at least 1 member. General partnerships must provide the name of the general partner(s).

Owners/Partners/LLC Members or Officers:
 List complete owner/officer/partner information as requested. Include names and titles. P.O. Box is not acceptable for home addresses.

Section 4. Machine Locations
 Identification No.: Provide ID number of machine
 Machine Current Location Address: Address of Machine location
 Attach a separate sheet for machine location information if more machines than space available.

Applicant Signature **Date**