

APPLICATION FOR REGISTRATION OF VIDEO GAMING TERMINALS

APPLICANT INFORMATION:

Name of Applicant: Last: _____ First: _____ Middle Initial: _____

Business Name: _____

If incorporated name and address of principal officer: _____

Tax ID Number: _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Phone Number: () _____ - _____ Alternate Phone Number: () _____ - _____

(Signature of applicant) _____ Date _____

Title _____

ATTACH LIST OF VIDEO GAMING TERMINAL DESCRIPTIONS.

Initial Application and Renewal Fee \$25.00 per video gaming terminal/due May 1 each year Date Received _____ Accepted by _____

VIDEO GAMING TERMINAL INFORMATION:

DESCRIPTION OF DEVICE(S):

Name of device: _____ Mechanical Features: _____

Name of manufacturer: _____ Serial Number: _____

Terminal Address Location: _____

Name of Business where located: _____

Name of device: _____ Mechanical Features: _____

Name of manufacturer: _____ Serial Number: _____

Terminal Address Location: _____

Name of Business where located: _____

Name of device: _____ Mechanical Features: _____

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