



Automatic Amusement Device Application

Business Name: _____

Business Address: _____

Business Telephone: _____

Applicant Name: _____

Applicant Address: _____

Applicant Telephone: _____

Billing Name: _____

Billing Address: _____

Billing Telephone: _____

Total Number of Machines on Premises: _____

| Name of Game | Type of Game i.e video, pinball, dart board, etc. | Serial Number of Machine | Name and Address of Distributor |
|--------------|--|-----------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Fees: \$20.00 per machine _____ x \$20.00 _____

Signature: _____ Date: _____