Good Starts Here.

SHAWNEE

KANSAS

Automatic Amusement Device Distributor Application

Business Fee: $200.00 Application Date: _____

Business Name: _____

Business Address: _____

Business Telephone: _____

Mailing Address, if different: _____

Business Owner: _____

Home Address: _____

Telephone: _____

Kansas State Sales Tax #:_____

List name and address of each business in the City of Shawnee to which you distribute Automatic Amusement Devices:

Name of Business	Address

List each Automatic Amusement Device including for each, the type and serial number and name of business leasing the machines:

Type of Machine	Serial Number	Name of Business

I declare under penalty of false statement that to the best of my knowledge and belief the statements made herein are correct and true.

_____
Name of Owner (s) or Corporation, Agent

By:_____

_____
Title: Owner, Partner, Manager or CEO

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