

APPLICATION FOR COIN-OPERATED DEVICE LICENSE

DATE OF APPLICATION: _____

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

OWNER OR AGENT: _____

PHONE NUMBER: _____

LIST OF DEVICES: _____

(\$15 per device)

OFFICE USE ONLY

Permit from _____, 20__ **to** _____, 20__.

Amount Paid _____ **Date Paid** _____

Date License Issued: _____ **License No.** _____