For Office Use Only: Account Number

1 Date of Application Month Day Year

2 Trade Name of Business

3 Business Address (street, route or highway - NOT P.O. Box or general delivery)

4

Name of Device		Type of Device		Location of Device	
Code Number		For Office Use Only: Sub-Code	0 0	Amount Due	
Name of Device		Type of Device		Location of Device	
Code Number		For Office Use Only: Sub-Code	0 1	Amount Due	
Name of Device		Type of Device		Location of Device	
Code Number		For Office Use Only: Sub-Code	0 2	Amount Due	

5 Total Amount From Supplement(s) To Schedule C

6 Total Coin-Operated Mechanical/Electronic Device License Tax Due

Add letters A through C of Number 4 plus Number 5 and enter here

7 Annual Operator's License Fee (in lieu of amusement tax)

	Type of Rides/Devices	Number of Rides/Devices	Code Number	Amount Due
A	Mechanical rides or devices, fun houses, mirror mazes or any other amusement rides or devices (operating more than six (6) months)			
B	Mechanical rides or devices, fun houses, mirror mazes or any other amusement rides or devices (operating six (6) months or less)			
C	Arcade with coin-operated machines operated as a single unit under one roof on a seasonal basis of six (6) months or less	N/A		
D	Owners of coin-operated machines or music machines, specifically phonograph, bowling games, shuffle alleys, pinball games, mechanical baseball games and all other types of coin-operated amusement games			

8 Total Annual Operator's License Fee Due

Add letters A through D of Number 7 and enter here

9 Total Amount Due For Coin-Operated Mechanical/Electronic Device License Tax And Annual Operator's License Fee

Add Number 6 and Number 8 then enter the total amount here and on Number 13 of Schedule A

10 Individuals Financing Your Business: (video draw poker owner(s)/operator(s) only)

(List names, addresses and telephone numbers)

11 Character References: (video draw poker owner(s)/operator(s) only)

(List names and addresses of three (3) persons other than relatives, employers or business suppliers.)

12 If you conduct a similar business in the City, describe the nature and location of the business: (video draw poker owner(s)/operator(s) only)

For Office Use Only: Account Number

Date of Application Month Day Year

Trade Name of Business

Business Address (street, route or highway - NOT P.O. Box or general delivery)

Supplement to Schedule C Number 4 Coin-Operated Mechanical/Electronic Device License Tax

Name of Device | Type of Device | Location of Device

Code Number | For Office Use Only: Sub-Code | Amount Due

Name of Device | Type of Device | Location of Device

Code Number | For Office Use Only: Sub-Code | Amount Due

Name of Device | Type of Device | Location of Device

Code Number | For Office Use Only: Sub-Code | Amount Due

Name of Device | Type of Device | Location of Device

Code Number | For Office Use Only: Sub-Code | Amount Due

Name of Device | Type of Device | Location of Device

Code Number | For Office Use Only: Sub-Code | Amount Due

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Code Number | For Office Use Only: Sub-Code | Amount Due

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Code Number | For Office Use Only: Sub-Code | Amount Due

Name of Device | Type of Device | Location of Device

Code Number | For Office Use Only: Sub-Code | Amount Due

Name of Device | Type of Device | Location of Device

Code Number | For Office Use Only: Sub-Code | Amount Due

Add the total amount due from this page and enter here.