COIN OPERATED MACHINES OCCUPATION TAX **YEAR: _____**

NAME OF OWNER: _____

NAME OF BUSINESS: _____

ADDRESS: _____ PHONE:(_____)_____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

SIGNATURE: _____ # of Decals: _____
Owner or Manager/Local Agent

FEE SCHEDULE: $20.00
- **$15.00 Decal Fee**
- **$5.00 Enforcement Fee**

Own/Operate/House machines _____
Own/Lease/Placed-out machines _____
(attach list of lessees or businesses housing machines)

PLEASE NOTE THE MAKE/MODEL/SERIAL NUMBER OF EACH MACHINE BELOW; OR ATTACH A COMPLETE LIST ALLOWING A BLANK SPACE FOR THE DECAL NO.

Make	Model	Serial #	Decal # (For City Secretary)	Initials	Amount Paid	Receipt #	Date

I certify that the above listed coin-operated machines are not illegal or in violation of any article of the Penal Code of this state, or the Constitution of the state

_____
Signature of Operator/Owner or Local Agent/Manager

SUBSCRIBED AND SWORN TO BEFORE ME on this_____ day of _____, _____

_____
Notary Public in and for the State of Texas

_____
Printed Name (owner/manager)