

CONFIDENTIAL

OWNER'S APPLICATION FOR COIN-OPERATED MACHINES

AS PER OCCUPATION TAX CODE CHAPTER 2153.163, OWNER'S ARE REQUIRED TO FILL AN APPLICATION FOR COIN OPERATED MACHINES IN CAMERON COUNTY

TYPE OR PRINT CLEARLY



**OWNER'S INFORMATION**

Name (Owner Of Machines) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**BUSINESS INFORMATION**

Business Owner/Agent Name \_\_\_\_\_

Business Owner Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

TABC Permit Number(if Beer or Liquor is sold) \_\_\_\_\_

State License Number for Amusement Machines \_\_\_\_\_

Driver's License # \_\_\_\_\_ DL State \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Phone ( ) - \_\_\_\_\_

Other Phone ( ) - \_\_\_\_\_

County \_\_\_\_\_

Real Estate Account Tax Number \_\_\_\_\_

Personal Property Tax Account Number \_\_\_\_\_

**MACHINE INVENTORY**

Machine Type Codes: A- Eight liner, B- Pool Tables, C- Pinball, D- Video Games, E- Darts, F- Juke Box, G-Coin Pusher, H- Cranes

	MACHINE SERIAL NUMBER		MACHINE MAKE OR MANUFACTURE	MACHINE TYPE	OFFICE USE ONLY	
	EXTERIOR	INTERIOR			TAX RECEIPT NO	DATE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

I am applying for occupation tax receipt(s) for the coin-operated machine(s) which are listed in this application. I certify that I am the sole owner of the coin-operated machine(s) listed above and that all the information submitted in this application for the tax receipts is true and correct.

\_\_\_\_\_  
SIGNATURE (owner of business and/or agent)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

No. of tax receipts \_\_\_\_\_ Tax Receipt No. \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Receipt #

Number of Tax Receipts: \_\_\_\_\_

County \_\_\_\_\_ = \_\_\_\_\_

City \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

Coin-Operated Machine Fees

1st quarter(Jan.-March) .....\$15.00 3rd quarter(July-Sept.).....\$7.50

2nd quarter(April- June).....\$11.25 4th quarter(Oct. - Dec.).....\$3.75

Total = \_\_\_\_\_

Tax Office Deputy \_\_\_\_\_  
Print Name