

Expires yearly Dec 31st
Fee \$250.00 per year

For Office Use Only

Customer Number _____
Number of Devices: _____

**MECHANICAL AMUSEMENT DEVICE
DISTRIBUTOR LICENSE APPLICATION
Article II Sections. 14-26 – 14-56**

CONFIDENTIAL

Distributor Name: _____

Distributor Address: _____

Billing Address: _____

Distributor Phone: _____ Fax Number: _____

E-Mail Address: _____

Owner Name: _____

Home Address: _____

City, State & Zip: _____

Home Phone: _____ Emergency Phone Number: _____

Affiliated Business Name: _____

Number of Devices: _____

Affiliated Business Address: _____

Number of Devices: _____

I affirm that the above information is true and complete to the best of my knowledge and belief.

Signature of Applicant

Date

*** PLEASE INCLUDE A COPY OF A CURRENT DRIVER'S LICENSE**