

# Texas Original Application for Coin-Operated Machine Registration Certificate and Tax Permit(s)



• Please read instructions.

• Type or print.

• Do NOT write in shaded areas.

Legal name (same as Item 2) \_\_\_\_\_

**BUSINESS LOCATION**

13. Trade name of your business/ machine location \_\_\_\_\_ Business phone (area code and number) \_\_\_\_\_

14. Location of business  
(If business location address is a rural route and box number, provide directions or use 9-1-1 address, if possible.)  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ County \_\_\_\_\_

15. For each machine OWNED, list the serial number/inventory I.D. number, make, machine type and indicate whether each machine is exhibited or displayed on location.

**MACHINE INFORMATION**

MACHINE SERIAL NUMBER/INVENTORY I.D. NUMBER	MACHINE MAKE OR MANUFACTURER	MACHINE TYPE CODE <small>(Use letter codes from Item 16)</small>	EXHIBITED OR DISPLAYED ON LOCATION
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO
6.			<input type="checkbox"/> YES <input type="checkbox"/> NO
7.			<input type="checkbox"/> YES <input type="checkbox"/> NO
8.			<input type="checkbox"/> YES <input type="checkbox"/> NO
9.			<input type="checkbox"/> YES <input type="checkbox"/> NO
10.			<input type="checkbox"/> YES <input type="checkbox"/> NO
11.			<input type="checkbox"/> YES <input type="checkbox"/> NO
12.			<input type="checkbox"/> YES <input type="checkbox"/> NO
13.			<input type="checkbox"/> YES <input type="checkbox"/> NO
14.			<input type="checkbox"/> YES <input type="checkbox"/> NO
15.			<input type="checkbox"/> YES <input type="checkbox"/> NO
16.			<input type="checkbox"/> YES <input type="checkbox"/> NO
17.			<input type="checkbox"/> YES <input type="checkbox"/> NO
18.			<input type="checkbox"/> YES <input type="checkbox"/> NO
19.			<input type="checkbox"/> YES <input type="checkbox"/> NO
20.			<input type="checkbox"/> YES <input type="checkbox"/> NO
21.			<input type="checkbox"/> YES <input type="checkbox"/> NO
22.			<input type="checkbox"/> YES <input type="checkbox"/> NO
23.			<input type="checkbox"/> YES <input type="checkbox"/> NO
24.			<input type="checkbox"/> YES <input type="checkbox"/> NO
25.			<input type="checkbox"/> YES <input type="checkbox"/> NO

*For additional inventory, complete the Coin-Operated Machine Inventory Supplement for Registration Certificate Holders, (Form AP-144) or a computer printout of all numbered inventory may be used. If you use a computer printout, you MUST complete Items 17-20.*

16. Enter the number of each type of music, skill or pleasure coin-operated machine that is exhibited or displayed in this location.

- A - MUSIC	- B - POOL TABLES	- C - VIDEO GAMES	- D - OTHER