COIN-OPERATED VENDING DEVICES APPLICATION

_____

NAME OF COMPANY (IF CORPORATION OR PARTNERSHIP LIST THAT NAME WITH D/B/A NAME, IF DIFFERENT)

_____

ADDRESS CITY STATE ZIP CODE TELEPHONE NO.

_____

Email Address

REQUIREMENTS: Each device must have a license. The cost is $35.00 per device. Applicants must notify the City Clerk's Office, (405) 366-5386, if the location of the device is changed. List each device and give the name of the establishment and the address where each device is located. Please specify the type of device.

TYPE OF DEVICE LOCATION OF DEVICE

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If needed, list additional devices and their locations on separate sheet of paper and attach to application.

_____

Applicant Name (Please Print)

_____

Applicant Signature

(Office Use Only)

License No. _____ Date issued _____

Sticker No. _____ through _____