

COIN-OPERATED AMUSEMENT 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 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's Signature

(Office Use Only)

License No. _____ Date issued _____

Sticker No. _____ through _____