

**COIN OPERATED MACHINES
OCCUPATION TAX**

YEAR: _____

NAME OF OWNER: _____

NAME OF BUSINESS: _____

ADDRESS: _____ PHONE # () _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ # of Decals _____
Owner or Manager/Local Agent

TAX SCHEDULE:	Jan 1 - March 31	\$15.00
	Apr 1 - June 30	11.25
	July 1 - Sep 30	7.50
	Oct 1 - Dec 31	3.75

PLEASE NOTE THE MAKE/MODEL/SERIAL NUMBER OF EACH MACHINE BELOW; OR ATTACH A COMPLETE LIST ALLOWING A BLANK SPACE FOR THE DECAL NO.

<u>Make</u>	<u>Model</u>	<u>Serial #</u>	<u>Decal #</u> (For City Secretary)	<u>Initials</u>	<u>Amount Paid</u>	<u>Receipt #</u>	<u>Date</u>

I certify that the above listed coin-operated machines are not illegal or in violation of any article of the Penal Code of this state, or the Constitution of the state

Signature of Operator/Owner or Local Agent/Manager

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, _____.

Notary Public in and for the State of Texas