

**AMUSEMENT DEVICE
APPLICATION
OWNER OR OPERATOR
LICENSE**



Department of Taxes & Licenses
808 W Spokane Falls Blvd
Spokane WA 99201-3336
PH: (509)625-6070
FX: (509)625-6990

***** Please MAKE YOUR CHECK PAYABLE TO: CITY TREASURER. *****

BUSINESS NAME: _____	APPLICATION DATE: _____
BUSINESS ADDR: _____	EXPIRATION DATE: _____
MAILING ADDR: _____	LICENSE NUMBER: _____
CITY: _____ ST _____ ZIP _____	CLERK'S INITIALS: _____
PHONE: _____	

LICENSE FEE \$ 40.00	Penalty (5% of Fee Per Month \$10.00 Minimum) Interest (1% of Fee Due Per Month)
PENALTY \$ _____	
INTEREST \$ _____	*** OFFICE USE ONLY ***
TOTAL FEES DUE \$ _____	
AMOUNT RECEIVED \$ _____ CHECK NUMBER: _____	

SMC 8.12.040 Payment must be post marked no later than February 28th or Penalty & Interest will be charged.
If placed in service after January 1st, the fee is due by the day the device becomes subject to licensing and is prorated to the beginning of the quarter in which the device first became subject to the license.

OWNER INFORMATION (OFFICERS' IF BUSINESS IS A CORPORATION OR LLC)

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
ADDR: _____	ADDR: _____
CITY: _____ ST: _____ ZIP: _____	CITY: _____ ST: _____ ZIP: _____
PH: _____ BIRTH DATE: _____	PH: _____ BIRTH DATE: _____

I certify under penalty of perjury the information above is correct and complete to the best of my knowledge and belief, and the owners are of legal age to obtain this license.

SIGNATURE: _____ TITLE: _____ HOME PH: _____

THIS IS AN APPLICATION ONLY
Issuance of the License is dependent upon approval of the reviewing officer and may take up to thirty (30) days.

"The License Officer is authorized, but not required, to mail forms for license application, but failure of the business owner to receive a form does not excuse the owner from making application and paying the license fee." SMC 8.01.140.

⌘ Approvals ⌘

Police Dept. _____	Date _____	Tax & License _____	Date _____
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