

# 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

BUSINESS NAME: _____ BUSINESS ADDR: _____ MAILING ADDR: _____ CITY: _____ ST _____ ZIP _____ PHONE: _____	<b><u>OFFICE USE ONLY. DO NOT WRITE IN THIS SPACE:</u></b> APPLICATION DATE: _____ EXPIRATION DATE: _____ LICENSE NUMBER: _____ CLERK'S INITIALS: _____
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\*\*\*\*\* Please MAKE YOUR CHECK PAYABLE TO: CITY OF SPOKANE. \*\*\*\*\*

LICENSE FEE \$ <b>40.00</b> NO. OF DEVICES _____ X \$25 \$ _____ PENALTY \$ _____ INTEREST \$ _____ TOTAL FEES DUE \$ _____	<b>Penalty (5% of Fee Per Month \$10.00 Minimum)</b> <b>Interest (1% of Fee Due Per Month)</b>  <div style="background-color: #cccccc; padding: 5px;"> <b>*** OFFICE USE ONLY ***</b>          AMOUNT RECEIVED \$ _____          CHECK NUMBER: _____       </div>
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**SMC 8.12.040 Payment must be post marked no later than February 28<sup>th</sup> or Penalty & Interest will be charged.**  
 If placed in service after January 1<sup>st</sup>, 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: \_\_\_\_\_ CONTACT PH: \_\_\_\_\_