



Coin Operated Machine Operator Application

Operator Information (Owner of Machines)

Name of Business	
City ST ZIP Code	
Business Phone #	
E-Mail Address	

Location – list location of machines (one location per application)

Street Address (must be in City Limits)	
Name of Business at Location	
City ST ZIP Code	
Location Phone #	

Payment -\$15 per year per machine (Jan.1st – Dec.31st)

Name of Person making payment	
Number of Machines	
Date of Payment	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that the City of Dayton requires an annual occupation tax for any coin operated machine as defined in Ordinance #2010-02.

Name (printed)	
Signature	
Date	
Receipt Number	

Owner: _____

Location (address) of machines: _____

Machine Information – List Each Machine separately

Type of Machine	
Make & Model	
Serial Number	

Machine Information – List Each Machine separately

Type of Machine	
Make & Model	
Serial Number	

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Type of Machine	
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Serial Number	

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Type of Machine	
Make & Model	
Serial Number	

If there are more machines please list on a new page.

TO SUBMIT FORM PLEASE EMAIL IT TO PLANNING@DAYTONTX.ORG