



## Automatic Amusement Device Distributor Application

Business Fee: \$200.00

Application Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Kansas State Sales Tax #: \_\_\_\_\_

List name and address of each business in the City of Shawnee to which you distribute Automatic Amusement Devices:

Name of Business	Address

List each Automatic Amusement Device including for each, the type and serial number and name of business leasing the machines:

Type of Machine	Serial Number	Name of Business

I declare under penalty of false statement that to the best of my knowledge and belief the statements made herein are correct and true.

\_\_\_\_\_  
Name of Owner (s) or Corporation, Agent

By:\_\_\_\_\_

\_\_\_\_\_  
Title: Owner, Partner, Manager or CEO