

# TEXAS COIN-OPERATED MACHINE OWNERSHIP STATEMENT

NOTE: This statement must be completed and submitted with your application or request for change of owner information.

Entity name and mailing address

You have certain rights under Ch. 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or toll-free number listed on this statement.

**PUBLIC INFORMATION** - Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code. In accordance with Section 2153.101, Occupations Code, after a license is issued, the Ownership Statement is a public record.

## WHO MUST SUBMIT THIS STATEMENT

You must complete this statement to provide additional information requested if:

- you are applying for a General Business License, Import License, Repair License, or Registration Certificate;
  - you are adding or changing owner information.
- TYPE or PRINT**

## GENERAL INSTRUCTIONS

- A business applying for a license or registration certificate MUST list ALL owners of the business and indicate their percentage of ownership of the business.
- All corporate stockholders owning 10% or more of the corporation's stock must be listed.
- Complete all the information requested for each name listed.
- Attach additional sheets, if necessary.

Legal name of entity	Taxpayer number
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Nature of business entity (if not sole owner):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Texas registered limited liability partnership (PR)     | <input type="checkbox"/> Texas profit corporation (CT)            | <input type="checkbox"/> Estate (ES)                   |
| <input type="checkbox"/> Non-Texas registered limited liability partnership (PS) | <input type="checkbox"/> Texas nonprofit corporation (CN)         | <input type="checkbox"/> Professional corporation (CP) |
| <input type="checkbox"/> General partnership (PG)                                | <input type="checkbox"/> Non-Texas limited liability company (CI) | <input type="checkbox"/> Professional association (AP) |
| <input type="checkbox"/> Limited partnership (PL or PF)                          | <input type="checkbox"/> Non-Texas profit corporation (CF)        | <input type="checkbox"/> Trust (FM)                    |
| <input type="checkbox"/> Texas limited liability company (CL)                    | <input type="checkbox"/> Non-Texas nonprofit corporation (CM)     | <input type="checkbox"/> Other (Describe) _____        |

Name (First, middle initial, last)	Daytime phone (Area code and number)
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Home address (Street Number and name)

City	State	ZIP Code
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Position (Check all applicable boxes) <input type="checkbox"/> <b>Sole owner</b> <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Corporate stockholder	Percentage of ownership or corporate stock held _____ %
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Name (First, middle initial, last)	Daytime phone (Area code and number)
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Home address (Street Number and name)

City	State	ZIP Code
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Position (Check all applicable boxes) <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Corporate stockholder	Percentage of ownership or corporate stock held _____ %
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Name (First, middle initial, last)	Daytime phone (Area code and number)
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Home address (Street Number and name)

City	State	ZIP Code
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Position (Check all applicable boxes) <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Corporate stockholder	Percentage of ownership or corporate stock held _____ %
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Name (First, middle initial, last)	Daytime phone (Area code and number)
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Home address (Street Number and name)

City	State	ZIP Code
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Position (Check all applicable boxes) <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Corporate stockholder	Percentage of ownership or corporate stock held _____ %
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For information, instructions or assistance, please call 800-531-5441 ext. 33731

If this statement is being submitted without an application, mail it to:  
**COMPTROLLER OF PUBLIC ACCOUNTS**  
 111 E. 17th Street  
 Austin, Texas 78774-0100

I declare that all information contained in this statement is true and correct.	
 Sole owner, partner, or officer	
Printed name of sole owner, partner, or officer	Date