

COIN-OPERATED MACHINE INVENTORY SUPPLEMENT FOR REGISTRATION CERTIFICATE HOLDERS

NOTE: This supplement is to be used to record your machine inventory for each location YOU MUST PROVIDE THIS INFORMATION (Occupations Code, Sec. 2153.158). A separate Machine Inventory Supplement for Registration Certificate Holder, Form AP-144, is required for each additional location. Please attach copies if necessary. This form must be returned with your application for coin-operated machine tax registration certificate and tax permits.

• TYPE OR PRINT

BUSINESS LOCATION	1. Legal name of owner (Sole owner, partnership, corporation, or other name)	Taxpayer number		
	2. Trade name of your business/machine location	Business phone (Area code and number)		
	3. Location of business/machine location (If business location address is a rural route and box number, provide directions – e.g., "2 miles west of Austin on RM2222.")			
	City	State	ZIP code	County

MACHINE INVENTORY LIST

4. For each machine at this location (Item 3, above), list the serial number/inventory I.D. number, machine make, and machine type. For each additional location, complete a separate Machine Inventory Supplement for Registration Certificate Holder, Form AP-144, or a COMPUTER PRINTOUT OF ALL NUMBERED INVENTORY MAY BE USED. If you use a computer printout, you MUST complete Items 5 and 6.

#	MACHINE SERIAL NUMBER / INVENTORY I.D. NUMBER	MACHINE MAKE OR MANUFACTURE	MACHINE TYPE CODE <small>(Use letter codes from Item 5.)</small>	EXHIBITED OR DISPLAYED ON LOCATION
1				<input type="checkbox"/> YES <input type="checkbox"/> NO
2				<input type="checkbox"/> YES <input type="checkbox"/> NO
3				<input type="checkbox"/> YES <input type="checkbox"/> NO
4				<input type="checkbox"/> YES <input type="checkbox"/> NO
5				<input type="checkbox"/> YES <input type="checkbox"/> NO
6				<input type="checkbox"/> YES <input type="checkbox"/> NO
7				<input type="checkbox"/> YES <input type="checkbox"/> NO
8				<input type="checkbox"/> YES <input type="checkbox"/> NO
9				<input type="checkbox"/> YES <input type="checkbox"/> NO
10				<input type="checkbox"/> YES <input type="checkbox"/> NO
11				<input type="checkbox"/> YES <input type="checkbox"/> NO
12				<input type="checkbox"/> YES <input type="checkbox"/> NO
13				<input type="checkbox"/> YES <input type="checkbox"/> NO
14				<input type="checkbox"/> YES <input type="checkbox"/> NO
15				<input type="checkbox"/> YES <input type="checkbox"/> NO
16				<input type="checkbox"/> YES <input type="checkbox"/> NO
17				<input type="checkbox"/> YES <input type="checkbox"/> NO
18				<input type="checkbox"/> YES <input type="checkbox"/> NO
19				<input type="checkbox"/> YES <input type="checkbox"/> NO
20				<input type="checkbox"/> YES <input type="checkbox"/> NO

5. Enter the number of EACH TYPE of music, skill, or pleasure coin-operated machine that you have in this location.

– A – MUSIC	– B – POOL TABLES	– C – VIDEO GAMES	– D – OTHER

6. TOTAL NUMBER of machines in this location require tax permits. (Total of Item 5 A - 5 D)