

COIN-OPERATED MACHINE INVENTORY SUPPLEMENT FOR GENERAL BUSINESS LICENSE HOLDERS

NOTE: This supplement is to be used to record your machine inventory for each location. YOU MUST PROVIDE THIS INFORMATION (Occupations Code Sec. 2153.202). This form must be returned with your application for coin-operated machine tax license and tax permits. A separate Machine Inventory Supplement for General Business License Holders (Form AP-145) is required for each additional location.

• TYPE OR PRINT

1. Legal name of owner (Sole owner, partnership, corporation, or other name) Taxpayer number

BUSINESS LOCATION

2. Trade name of business/ machine location Business phone (area code and number)

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3. Location of business
 (If business location address is a rural route and box number, provide directions or use 9-1-1 address, if possible.)

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City State ZIP code County

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4. For each machine OWNED, list the serial number/inventory I.D. number, machine make, and machine type. Indicate whether each machine is exhibited or displayed on location. A computer printout containing this information may be used. If you use a computer printout, you MUST complete Item 6.

MACHINE INVENTORY LIST

#	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 that require tax permits. (Total of Item 5A-D).....