

**CITY OF LA PORTE
COIN OPERATED MACHINE APPLICATION**

Every owner who owns, controls, possesses, exhibits, displays or who permits to be exhibited or displayed in the city any amusement redemption machine, skill or pleasure-oriented coin-operated machine shall pay an Annual Occupation Tax on every machine. This application is intended for every machine or device operated by or with coins, metal slugs or checks. Included are music coin-operated machines and skill or pleasure coin-operated machines as defined in Section 10-31 of Chapter 10, City Code of Ordinances.

[Exemptions: Gas meters, pay telephones, pay toilets, food vending machines, confection vending machines, beverage vending machines, merchandise vending machines, and cigarette vending machines which are now subject to an occupation or gross receipts tax, stamp vending machines, and service coin-operated machines are expressly exempt from the tax/provisions of Chapter 10.]

NEW: _____ RENEWAL: _____ ADDITION: _____ SUBSTITUTION: _____

OCCUPATION TAX: \$15.00 PER MACHINE PER YEAR* (TAX MAY BE PRO-RATED)

REGISTRATION FEE: \$25.00 PER MACHINE PER YEAR**

EXPIRATION DATE: DECEMBER 31ST OF EACH YEAR.
(SUBJECT TO RENEWAL BY 12/15TH OF EA. YEAR)

Payment of the Occupation Tax shall be evidenced by the issuance of a decal which must be securely attached to the machine OR posted in a conspicuous place at or near the machine so as to be easily seen by the public. Decal shall be valid only for the machine identified by its serial number and is site specific.

* Fee Change per Ord. #2006-2837-B (Effective 06-26-06)

** Fee Change per Ord. #2005-2837 (Effective 10-01-05)

***Unobstructed View/8-Liners/Access per Ord. #3363 (Eff. 07-12-11)

ADDRESS OF MACHINE(S): _____

LA PORTE BUSINESS NAME: _____

BUSINESS OWNER'S NAME: _____

CONTACT NAME: _____ **PHONE #:** _____

E-MAIL: _____

REQUESTED NUMBER OF MACHINES: _____

Type (i.e. pool table, amusement redemption machine) (Including 5 or less eight-liners), skill or pleasure coin-operated machines.

		City Decal # Assigned
1)	Type of Machine: _____ Serial # _____	# _____ - _____
2)	Type of Machine: _____ Serial # _____	# _____ - _____
3)	Type of Machine: _____ Serial # _____	# _____ - _____
4)	Type of Machine: _____ Serial # _____	# _____ - _____
5)	Type of Machine: _____ Serial # _____	# _____ - _____

(If additional machines, attach separate page with specific information)

In accordance with S. 10-75, I hereby understand that any law enforcement officer has immediate, unrestricted access and right of inspection to all areas of the business establishment during business hours. (See attached)

I hereby understand that the hours of operation shall be in accordance with S. 10-77 and an unobstructed view to establishment interior shall be in accordance with S. 10-78. (See attached)

LA PORTE BUSINESS NAME: _____

BUSINESS OWNER'S NAME: _____

MAILING ADDRESS: _____

CONTACT NUMBER: _____

_____ X _____
Date Business Owner's Signature

-- REQUIRED AUTHORIZATIONS FOR ISSUANCE --

ADDRESS OF MACHINE(S): _____

LA PORTE BUSINESS NAME: _____

HCAD # _____ Taxes: _____

(NOTE: This is not site specific, check Company & individual names and site)

Tax Department Approval: _____
Date X Name

In accordance with the Occupations Code Chapter 2153; Sec. 2153.452(b) - Coin-operated amusement machines are prohibited within 300' of a church, school or hospital.

NOTE: Measurement is from business front door to property line of church or school.

Current Zoning Permit: Y or N

Distance to Church: _____ Okay? Y OR N

Distance to School: _____ Okay? Y OR N

Unobstructed View: _____ Okay? Y OR N

Distance to Hospital: _____ N/A

Inspection Approval: _____
Date X Name

DO NOT COLLECT FEES/ISSUE DECALS UNLESS ITEMS ARE SATISFIED.

ALL TAXES OKAY: _____

INSPECTOR APPROVAL RECEIVED: _____

CONFIRM BUSINESS ZONING PERMIT: _____

Registration Fee: \$ _____ (\$25.00 X _____ Machines)

Occupation Tax*: \$ _____ (\$ _____ X _____ Machines)

*\$ 15.00/machine for full year or 1st quarter (Before April 1st: Jan – March)

*\$ 11.25/machine during 2nd quarter (After March 31st: April – June)

*\$ 7.50/machine during 3rd quarter (After June 30th: July – September)

*\$ 3.75/machine during 4th quarter (After Sept. 30th: October – December)

Total Collected: \$ _____

Decal(s) Assigned: # _____ - _____ Through _____ - _____

Receipt #: _____ Cashier: _____ Date: _____

Term Expiration: December 31, _____

Office Technician to sign and date the following upon completion

- Share Drive List Updated: _____
Date Name
- Inspection Services File: _____
Date Name