

## Machine Location Amendment for General Business License and Registration Certificate Holders

- The Coin-Operated Machines Law (Occupations Code Sec. 2153.158 and 2153.202) requires that the holder of a General Business License and Registration Certificate shall indicate the name and location address of each machine and certify that a valid tax permit is affixed to each machine.
- If you move any machine during the year, you are required to complete this amendment form and return it to the Comptroller's office within 10 days
  of the move. (Occupations Code Sec. 2153.160)
- · NOTE: You must complete a separate form for each location to which you moved machines and list the machines moved to that location.

	• Type or print.				Calendar Year:	
TAXPAYER INFORMATION	1. I	Legal name of owner (Sole owner, partnership, corporation, or other			or other name) Taxpayer number	
	2	Mail	ing address (Street a	nd number BO Pay or Pural Pouts	a and hav number)	
		Mailing address (Street and number, P.O. Box or Rural Route and box number)				
KPAYE	(	City			State ZIP code County	
TA.		-				
CATION	3. Trade name of the business/machine location where the machine(s) has been relocated Phone (Are.				e machine(s) has been relocated Phone (Area code and number)	
LOCA MATIO	INFORMATION  S. F.	_002	ation of this business	s/machine location (Use street an	nd number or directions. P.O. Box or Rural Route NOT acceptable)	
NE OR		City			State ZIP code County	
MAG						
	5. I	5. For each machine moved to this location, list the date moved, serial number / inventory I.D. number, make, type, and the permit number affixed				
	Г		DATE THE	MACHINE	MACHINE TAX PERMIT	
			MACHINE WAS MOVED	SERIAL NUMBER / INVENTORY I.D. NUMBER	MACHINE MAKE OR MANUFACTURE  TYPE CODE (Use letter code below.)  AFFIXED	
	-	1.	MOVED	INVENTORY I.B. NOMBER	ATTIALD	
	-	2.				
	-	3.				
	-	4.				
LIST	-	5.				
rory		6.				
NEN.		7.				
MACHINE INVENTORY LIST		8.				
		9.				
M/		10.				
		11.				
		12.				
		13.				
		14.				
		15.				
					OOL TABLES C - VIDEO GAMES D - OTHER d, add supplemental pages or a computer printout containing this information.	
ı	I certify that all information in this amendment is true and correct.					
ş	igı ier	1	Sole owner, partner, or o	fficer	Date	
r	ıer	e /				

**For assistance** - If you have any questions about this application, call 1-800-531-5441 ext. 33731.

Mail to: **Texas Comptroller of Public Accounts** 111 E. 17th Street

Austin, TX 78774-0100

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.