



**APPLICATION FOR
COIN-OPERATED GAMING MACHINES
CITY OF MCKINNEY, TEXAS**

Date: _____

New

Renewal

Business Information:

Name of Business: _____

Business Known As: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Mailing Address: _____

Hours of Operation: _____

Employee or Agent Responsible for Day to Day Operations on Premises:

Name: _____ Date of Birth _____ Soc. Security # _____

Employee or Agent's Email _____

Employee or Agent's Home Address _____

City, State, Zip _____

Owner Information:

Owner's Name: _____ Date of Birth _____ Soc. Sec # _____

Owner's Home Address: _____

City, State, Zip _____

Owner's Phone: _____ Owner's Cell: _____

Owner's Email: _____

Owner's Name: _____ Date of Birth _____ Soc. Sec # _____

Owner's Home Address: _____

City, State, Zip _____

Owner's Phone: _____ Owner's Cell: _____

Owner's Email: _____

Total Number of Machines at this Location: _____ Total square footage of business _____

Number of machines _____

X Annual Occupation Tax \$15 each \$15 each

Total Amount due _____ Date Paid: _____

Has a previous license been revoked within the last two years of filing this application? _____

Is the applicant or any of the owner(s) indebted to the city for any fee, costs, penalties, or delinquent taxes? _____

Is the Gaming Machine for which this application is filed located within a room or space licensed for on-premises consumption of alcoholic beverages or within a connected room or appurtenant space? _____

Has the Applicant, Owner(s), Corporation, Partnership, Management, or Association filing this application ever been convicted of a felony? *(If yes, please provide details of the crime, dates of conviction, penalties invoked and current status of the matter)* _____

I certify, under penalty of perjury, that all the information contained in this application is true and correct.

Print Name and Title

Signature

Date

DISCLOSURE AND AUTHORIZATION

I hereby authorize the City of McKinney to obtain and rely upon consumer investigative reports in considering me for a gaming permit. By my signature below, I also authorize the City of McKinney to obtain any such reports and to share the information received, if any, with any person involved in this permit application process.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer investigative reports that may be requested about me by or on behalf of the City of McKinney.

Printed Name Applicant

Signature

Date

All Permits Expire and Must be Renewed Prior to December 31st of each year.

All Occupational Taxes Paid to the City of McKinney are Non-Refundable

Applications are submitted to:

City Secretary, P.O. Box 517 - 222 N. Tennessee, McKinney, Texas 75070

For additional information, contact City Secretary's office at 972-547-7505

Permit Approved _____ **by** _____ **Date:** _____

Conditions of Approval: _____

Permit Denied _____ **by** _____ **Date:** _____

Reason for Denial: _____

