



# OFFICE OF THE COUNTY TAX ASSESSOR COLLECTOR

**VICTOR A. FLORES, R.T.C.**  
County Tax Assessor Collector

**SIRIA ROCHA**  
Chief Deputy TAC

## COIN-OPERATED MACHINE PERMIT APPLICATION

Business Name \_\_\_\_\_

Business Address / Zip Code \_\_\_\_\_

Owner's Name \_\_\_\_\_

Physical Address (**Do not use a P.O. Box**) \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_  
(            )

Telephone Number (include area code) \_\_\_\_\_

OFFICE USE ONLY	
Amt. Due:	
Licensing Clerk:	
Receipt #:	
Date:	
Decal # / s:	
Annual Fee \$ 15.00    (Jan. 1st - Dec. 31st)	
2nd Quarter \$ 11.25    (April 1st - Dec. 31st)	
3rd Quarter \$ 7.50    (July 1st - Dec. 31st)	
4th Quarter \$ 3.75    (Oct. 1st - Dec. 31st)	

I HEREBY MAKE APPLICATION FOR THE FOLLOWING COIN-OPERATED MACHINE PERMITS:

Coin-operated machines are defined as: Music, Skill or Pleasure Coin-Operated Machines. Machines not requiring permits are: Non-Coin-Operated Cigarettes, Service Merchandise Vending Machines, or Coin-Operated Amusement Machines designed exclusively for children.

**VENDOR MAY ATTACH LIST OF MACHINES SUBMITTED TO STATE COMPTROLLER  
IN LIEU OF LISTING ALL MACHINES ON THIS FORM**

Machine Location / Business Name / Address	Serial No.	Machine Type	Permit Fees
<small>(Attach Page 2 of this Form, if additional space is required)</small>	<b>Total # of Decals:</b>		\$

I DECLARE UNDER PENALTIES PRESCRIBED BY GENERAL AND SPECIFIC LAWS OF TEXAS THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE (Required) DATE

\_\_\_\_\_  
TITLE

USE SPACE TO INDICATE CHANGE IN BUSINESS NAME OR ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>MAIL COMPANY CHECK, MONEY ORDER, THIS APPLICATION AND COPY OF TEXAS COIN-OPERATED MACHINE LICENSE TO:</b>
County Tax Assessor Collector ATTN: Coin-Operated Machines 500 E. Overland Ave., Suite 101 El Paso, Texas 79901 Telephone Number: (915) 546-2017

