

Coin-Operated Amusement Devices are individually licensed. The devices are licensed annually with an anniversary date for renewal.

The devices are licensed to the premises where they are located and are the responsibility of the business in operation where they are located.

Amusement Devices do not include Jukeboxes or CD player machines, Vending Machines nor Gumball machines.

Coin-Operated would include pay to play devices with Card Swipe, App, or Tap Pay capability in lieu of a coin slot.

Pull Tab machines are considered Gaming activities and not Amusement Devices.

If you have questions with the following application please call our office.



BUSINESS LICENSE DIVISION

Neighborhood Resource Center

4953 State Avenue, Kansas City, Kansas 66102

p. (913) 573-8780 | f. (913) 573-8622 | www.wycokck.org/businesslicense

Office Use 11-17

Parent Record # _____

COIN-OPERATED AMUSEMENT DEVICE APPLICATION

PLEASE PRINT THE FOLLOWING INFORMATION.

Date: _____

(Complete both sides)

Applicant's Name: _____

Applicant's Address: _____ City: _____ St _____ Zip _____

Phone: _____ Date of Birth: _____ Age: _____

Name of Business where machine will be located: _____

Address of Business where machine will be located: _____

City: _____ St: _____ Zip: _____ Phone: _____

Type of Business: _____

Name of the Owner of the Machine: _____

Address of Machine Owner _____ City: _____ St _____ Zip _____

NUMBER AND TYPE OF MACHINES

Video _____ . Pool Table _____ . Pinball _____ . Dart Game _____ . Crane _____ . Other _____ .

New _____ # Renewal _____

Total Machines _____

(License Fee \$75.00 per Machine)

TOTAL AMOUNT DUE: _____

I have read the above information sheet, know the contents thereof, and all statements contained therein are true and accurate.

APPLICANT SIGNATURE

Chief of Police

License Administrator

Date

Date

FOR OFFICE USE ONLY

Expiration Date _____

License #'s _____

Receipt #'s _____

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH MACHINE

(If you have more than twelve (12) machines, copy this form prior to completion)

Mechanical Features: _____

Device Description: _____

Serial No. _____

Mfg.'s Name: _____

Mechanical Features: _____

Device Description: _____

Serial No. _____

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