

CONTROL #: CONTRL  
BUSINESS NAME: OLBSNM

**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.]*

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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 31<sup>ST</sup> OF EACH YEAR.  
(SUBJECT TO RENEWAL BY 12/15<sup>TH</sup> 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)

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ADDRESS OF MACHINE(S): \_\_\_\_\_

LA PORTE BUSINESS NAME: \_\_\_\_\_

BUSINESS OWNER'S NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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**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: _____<br>Serial # _____ | # _____ - _____       |
| 2) | Type of Machine: _____<br>Serial # _____ | # _____ - _____       |
| 3) | Type of Machine: _____<br>Serial # _____ | # _____ - _____       |
| 4) | Type of Machine: _____<br>Serial # _____ | # _____ - _____       |
| 5) | Type of Machine: _____<br>Serial # _____ | # _____ - _____       |

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

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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)

APPLICANT'S NAME: \_\_\_\_\_

COMPANY NAME OF MACHINES: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RENEWAL NOTICE FOR THIS REGISTRATION WILL BE MAILED TO THE ABOVE ADDRESS.

\_\_\_\_\_ X \_\_\_\_\_  
Date Business Owner's Signature

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**-- 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: \_\_\_\_\_ X \_\_\_\_\_  
Date 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: \_\_\_\_\_ X \_\_\_\_\_  
Date Name

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

ALL TAXES OKAY: \_\_\_\_\_

INSPECTOR APPROVAL RECEIVED: \_\_\_\_\_

CURRENT ZONING PERMIT: \_\_\_\_\_

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

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

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

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

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

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

Total Collected: \$ \_\_\_\_\_

Decal(s) Assigned: # \_\_\_\_\_ - \_\_\_\_\_ Through \_\_\_\_\_ - \_\_\_\_\_

Receipt #: \_\_\_\_\_ Cashier: \_\_\_\_\_ Date: \_\_\_\_\_

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Term Expiration: December 31, \_\_\_\_\_

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**Upon completion, forward application to:**

Original to Inspection Services File: \_\_\_\_\_  
Date Name

Copy to CSO\*: \_\_\_\_\_  
Date Name

\* City Secretary's Office