

# COIN-OPERATED AMUSEMENT DEVICE VENDOR/OWNER REGISTRATION



**ANNUAL VENDOR REGISTRATION FEE: \$270.00**

**ANNUAL VENDOR PER DEVICE FEE: \$ 70.00**

**50% LATE PENALTY FEE AFTER JANUARY 31**

**Checks or money orders-payable to "Baltimore County, MD"**

Baltimore County, Maryland  
 Department of Permits, Approvals and Inspections  
 111 West Chesapeake Avenue, Room 114  
 Towson, Maryland 21204

**410-887-3616**

**LICENSE YEAR** \_\_\_\_\_

**NOTICE: ANY CHANGE IN THE REGISTRATION INFORMATION provided below, including but not limited to the addition or discontinuation of a location, the addition or removal of devices from a location, or the transfer of registered devices from one location to another, MUST, by law, BE REPORTED IN WRITING, to the Department of Permits and Development Management WITHIN 30 DAYS OF THE CHANGE. Information regarding additional devices must include a separate license application, with the appropriate license fee and a separate vendor continuation form with the fee of \$70.00 for each additional device.**

**Please PRINT or TYPE INFORMATION BELOW:**

**Vending Business Name** (Owner of Devices) \_\_\_\_\_ **Corporate ID No.** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Business Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
(If different from the address above)

**Owner/Officer Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_  
Printed name of individual owner(s) of vending business)

**Residence Address** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**\*Signature of Owner/Officer** (\*original signature, use blue ink) \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

LESSEE INFORMATION (Location where device is available to be operated by the public.)	DESCRIPTION/TYPE OF DEVICE (One device per line)*	SERIAL NO. OF DEVICE**	Device Fee Paid
Trade Name _____ Address _____			
Trade Name _____ Address _____			
Trade Name _____ Address _____			
Page _____ of _____	<b>No. of Devices</b>		<b>Device fee total-this column</b>

\* Device Description MUST INCLUDE the type of device and NOT just the name. Examples that are acceptable: "Silver Strike-Shufflebow!", "Golf Game-Video Console", "Monster Truck-Kiddie Ride"  
 \*\*Serial numbers MUST BE either the Manufacturer's Number or an Owner-Assigned Number.

**OFFICE USE ONLY**

Date Received _____	Total No. of Devices (all pages) _____	Annual Registration Fee _____	Penalty Fee: Registration _____
Cash Receipt Date _____	Cash Receipt No. _____	Total Device Fee (all pages) _____	Penalty Fee Total: Devices (all pages) _____
Registration No. _____			<b>TOTAL FEE PAID</b> (all pages) _____

This form is: (check one) **Part of original application** \_\_\_\_\_ **To register additional devices/locations** \_\_\_\_\_

**Vending Business Name** (Owner of Devices) \_\_\_\_\_

LESSEE INFORMATION (Location where device is available to be operated by the public.)	DESCRIPTION/TYPE OF DEVICE (One device per line)*	SERIAL NO. OF DEVICE**	Device Fee Paid
Trade Name _____ Address _____			
Trade Name _____ Address _____			
Trade Name _____ Address _____			
Trade Name _____ Address _____			
Trade Name _____ Address _____			
Trade Name _____ Address _____			

Page _____ of _____	<b>Total No. of Devices</b>	<b>Device fee total-this column</b> 	
---------------------	-----------------------------	---	--

\* Device Description MUST INCLUDE the type of device and NOT just the name. Examples that are acceptable: "Silver Strike-Shufflebow!", "Golf Game-Video Console", "Monster Truck-Kiddie Ride"  
 \*\*Serial numbers MUST BE either the Manufacturer's Number or an Owner-Assigned Number.

**OFFICE USE ONLY**  
 Payment information for machines added after annual application was processed.

Date Received _____	Total No. of Devices (this page) _____	Total Device Fee (this page) _____		Total Device Penalty Fee (this page) _____	
Cash Receipt Date _____	Cash Receipt No. _____	<b>TOTAL FEE PAID</b> (this page)			
Registration No. _____		Rev 11/18			