

2012 Supplemental Application AMUSEMENT DEVICE FORM FOR PROVIDERS

Name of Business: _____ Business License #: 2012 - _____

AMUSEMENT DEVICE PROVIDERS PLEASE COMPLETE THE FOLLOWING:

- 1) Name/address of business where your devices are located: _____
Number of Devices at this location: _____ x \$55 = \$ _____
Are you responsible for payment of the amusement device fee?: Yes No

- 2) Name/address of business where your devices are located: _____
Number of Devices at this location: _____ x \$55 = \$ _____
Are you responsible for payment of the amusement device fee?: Yes No

- 3) Name/address of business where your devices are located: _____
Number of Devices at this location: _____ x \$55 = \$ _____
Are you responsible for payment of the amusement device fee?: Yes No

- 4) Name/address of business where your devices are located: _____
Number of Devices at this location: _____ x \$55 = \$ _____
Are you responsible for payment of the amusement device fee?: Yes No

(Please use back of form if additional space is needed)

Remit payment to the City of Troutdale along with your business license application and fee.

Please note, your business license will not be issued until all amusement devices are paid for.