



City of Hamtramck

Rana Faraj
City Clerk

COIN MACHINE LICENSE APPLICATION

COIN MACHINE OWNER **\$100** (complete if business owns their own devices)

Name of Business/Machine location: _____

Business Address: _____

Business Phone: _____

Business Owner Name: _____ Phone: _____

Business Owner Email: _____

By providing your email, applicant gives consent to receive correspondence electronically

COIN MACHINE DISTRIBUTOR **\$200** (complete if business does not own their devices)

Distributor Business Name: _____

Business Owner: _____ Phone: _____

Distributor Address: _____

Distributor Email: _____

By providing your email, applicant gives consent to receive correspondence electronically

Signature _____ **Date:** _____

(owner of the machines)

Number of Coin Operated Machines

_____ X \$50 = _____

Owner \$100 - Distributor \$200

TOTAL WITH LICENSE(S): _____

Please List the machines in the following space (more space on back) or attach a list with the following information

COIN OPERATED MACHINE INFORMATION		
TYPE OF MACHINE	NAME OF MACHINE	LOCATION

3401 Evaline, Hamtramck, Michigan 48212
Clerk's Department 313-800-5233 ext. 821

