

City of Hamtramck

Rana Faraj City Clerk

COIN MACHINE LICENSE APPLICATION

COIN MACHINE OWNER	omplete if business ow	ns their own devices)		
Name of Business/Machine location:				
Business Address <u>:</u>			_	
Business Phone:				
Business Owner Name:		Phone	<u>:</u>	
Business Owner Email:				
By providing your email, applic	ant gives consent	to receive correspon	ndence electronically	
COIN MACHINE DISTRIBUTOR — \$	200 (complete if bu	usiness does not own the	ir devices)	
Distributor Business Name:				
usiness Owner:Phone:				
Distributor Address:				
Distributor Email:				
By providing your email, applic	cant gives consent	to receive correspon	ndence electronically	
Cian akona		Dat		
Signature(owner of the m	 nachines)	Dat	e:	
Number of Coin Operated Machines		<i>r</i>	L00 - Distributor \$200	
X \$50 =	.)	TOTAL WITH LICENSE(S):		
Please List the machines in the following sp	, pace (more space c	on back) or attach a l	ist with the fallowing information	
COIN	OPERATED MACH	IINE INFORMAION		
TYPE OF MACHINE	NAME OF MACHINE		LOCATION	

COIN OPERATED MACHINE INFORMAION				
TYPE OF MACHINE	NAME OF MACHINE	LOCATION		
If translation services are needed to complete or understand documents, please contact the department head to request accommodations.				

إذا كانت هذاك حلجة أخدمات الأنرجمة لإكمال أن فهم الممخندات، يرجى الإنسال بمقرف القسم أطلب الإقامة.

ষদি নথি সম্পন্ন বা বোৰার জন্য অনুবাদ পরিষেবার প্রয়োজন হয়, অনুগ্রহ করে বাসস্থানের জন্য অনুরোধ করার জন্য ডিপার্টমেন্ট সুপারভাইজারের সাথে যোগাযোগ করুন।