

Coin Operated Machine Permit Application

BUSINESS INFORMATION						
State ID Number:		Harris County Account Number:				
Business Name: (Last, then first, if individual)						
Physical Address: (No P.O. Boxes)						
City:	State:	Zip: Daytime Phone:				
OWNER INFORMATION (if different from Business)						
Owner Name: (Last, then first, if individual)						
Physical Address: (No P.O. Boxes)						
City: State: Zip:		Daytime Phone:				

Permits Requested

Please complete the information below, indicating **each location** for which a permit is requested.

# PERMITS	MACHINE TYPE	LOCATION NAME	LOCATION ADDRESS	ZIP CODE

I declare under penalties prescribed by the general and specific laws of Texas that the information provided herein are true and correct.

Signature:

Printed Name: _____

Permit purchased between:	Fee:		
January 1st - March 31st	\$15.00		
April 1st - June 30th	\$11.25		
July 1st - September 30th	\$7.50		
October 1st - December 31st	\$3.75		

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Total Amount Paid:

Mail with check or Money Order to:

Title: _____

Date: _____

Harris County Tax Assessor-Collector P.O. Box 4663

Houston, Texas 77210-4663

Attn: Coin-Operated Machines

Make checks payable to: Harris County Tax Assessor-Collector