



# Tammy J. McRae

Tax Assessor-Collector  
Montgomery County

## APPLICATION FOR OCCUPATIONS TAX PERMIT

OWNER'S INFORMATION	Name of Corporation or Company <input style="width: 100%;" type="text"/>		Legal Name of Owner(s) of Machines <input style="width: 100%;" type="text"/>			
	Address <input style="width: 100%;" type="text"/>		Phone <input style="width: 150px;" type="text"/>	Phone - Cell <input style="width: 150px;" type="text"/>		
	City <input style="width: 150px;" type="text"/>	State <input style="width: 50px;" type="text"/>	Zip <input style="width: 50px;" type="text"/>	E-mail <input style="width: 100%;" type="text"/>		
BUSINESS INFORMATION	Name of Business <input style="width: 100%;" type="text"/>		Store # <input style="width: 100px;" type="text"/>	Contact Person Name <input style="width: 100%;" type="text"/>		
	Address of Business [Machine(s) Location] <input style="width: 100%;" type="text"/>		Phone <input style="width: 150px;" type="text"/>	Phone - Cell <input style="width: 150px;" type="text"/>		
	City <input style="width: 150px;" type="text"/>	State <input style="width: 50px;" type="text"/>	Zip <input style="width: 50px;" type="text"/>	E-mail <input style="width: 100%;" type="text"/>		
MACHINE INVENTORY	* Permit(s) will not be issued without serial number				OFFICIAL USE ONLY	
	Serial Number	Manufacturer	Description	Type	Permit #	Receipt #
<b>Machine Type Code (Please use letter only):</b> A - Eight Liner, B - Pool Tables, C - Pinball Games, D - Video Games, E - Darts, F - Phonographs, G - Others						
I certify that all the information submitted in this application for Occupations Tax Permit(s) is true and correct.				# of Permits: _____ Total: _____ Date: _____ Deputy: _____		
_____ Signature		_____ Date				
_____ Printed Name						