

Company Name: _____

Address: _____

City, State, Zip Code: _____

**AFTER YOUR APPLICATION AND REMITTANCE ARE RECEIVED, YOU WILL RECEIVE YOUR LICENSE TO BE POSTED
IN A PROMINENT PLACE ON YOUR PREMISES**

	TYPE OF DEVICE	NUMBER OF MACHINES	RATE	TOTAL DUE
1	Games of Chance / Skill Games		\$300.00	
2	Musical Device		\$100.00	
3	Pinball, Video Game, or Rides		\$200.00	
Prorated tax for such devices being installed after September 1 st will be as follows:				
4	Games of Chance / Skill Games		\$150.00	
	Pinball, Video Game, or Rides		\$100.00	
5	TOTAL DUE (add lines 1, 2, 3, and 4)			

I declare under penalty of perjury that this return (including any accompanying schedule(s) and statement(s)) is true and correct.

Authorized Signature: _____

Date: _____

Federal Tax ID#: _____

Owner(s) Name(s): _____

Phone Number: _____

Nature of Business: _____

Date Operation began in Municipality: _____

Physical Location of Business: _____

Please make check payable and remit to:
Keystone Collections Group
PO Box 489, Irwin PA, 15642

Phone: (724) 978-0300

Fax: (412) 927-3646