

ACCOUNT # _____

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	Juke Boxes/Musical Devices		\$10.00	
2	Mechanical or Electrical Devices		\$60.00	
2a	Prorated tax for such devices being installed during partial fiscal year will be as follows:			
	July 1 - September 30		\$60.00	
	October 1 - December 31		\$45.00	
	January 1 - March 31		\$30.00	
	April 1 - June 30		\$15.00	
3	TOTAL AMOUNT DUE (add lines 1, 2, and 2a)			

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

