



COIN OPERATED AMUSEMENT MACHINE DECLARATION FORM

Per City of Hinesville Ordinance Section 12-228, any location owner or location operator in the city, offering to the public one or more bona fide coin operated amusement machine(s) must submit in writing the name, physical address and mailing address of the owner of the bona fide coin operated amusement machine(s) to the City of Hinesville before any occupational tax certificate or license is issued or renewed.

NAME OF BUSINESS: _____

LOCATION OF ABOVE BUSINESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____ FEDERAL TAX ID NUMBER (FEIN): _____

TOTAL # OF COIN OPERATED AMUSEMENT MACHINES: _____ TOTAL # OF CLASS B MACHINES: _____
(As defined by O.C.G.A 50-27-70)

_____ THERE ARE NO COIN OPERATED AMUSEMENT MACHINES AT THIS LOCATION
(Please sign and date the form at the bottom)

OWNER OF THE BONA FIDE COIN OPERATED AMUSEMENT MACHINE(S):

OWNER'S PHYSICAL ADDRESS:

OWNER'S MAILING ADDRESS:

Note: City of Hinesville Code Section 12-225 states, any location owner or location operator subject to the Official Code of Georgia, Section 50-27-84(b) is required to provide a monthly report to the Tax and License Coordinator. Such report shall indicate the monthly gross retail receipts for each business located in the city and shall be due by the 5th day of each month, after the month the sales have taken place. No location can derive more than 50% of the monthly gross retail receipts for that location from class B coin operated amusement machines. Any location owner or location operator found in violation of this provision may be fined as allowed under Section 12-231, and may have any city issued license suspended or revoked as allowed under Section 12-234.

Printed Name

Signature

Date