



One Detjen Drive
Crestwood, MO 63126

Form A

**CITY OF CRESTWOOD
REGISTRATION OF COIN OPERATED MACHINES**

Information on Vending Company

Name : _____
Address: _____
Phone : _____

Type of Business Ownership:

- _____ Individual (Give name and address below)
- _____ Partnership (Give name and address of all partners below)
- _____ Corporation (Give name and address of all partners below)

Name, Address and Telephone Number of Manager or Contact Person if different from above:

AFFIDAVIT

I, _____ do hereby certify that I am the (owner, partner, officer, manager,) of the above-named business and that the facts set out are true and correct according to the best of my knowledge, information and belief.

Signature

Title

Date



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Form B - Vending Machines

**CITY OF CRESTWOOD
REGISTRATION OF COIN OPERATED MACHINES**

Please complete this form with the appropriate information on each **vending machine** placed by your company in Crestwood. Please copy this form as necessary before completing the information. (The City will complete the Sticker No. and Date Issued.)

Location of Machine _____
Type of Machine _____
Serial Number _____
Coins used to operate machine _____

Sticker No.: _____
Date Issued: _____

Location of Machine _____
Type of Machine _____
Serial Number _____
Coins used to operate machine _____

Sticker No.: _____
Date Issued: _____

Location of Machine _____
Type of Machine _____
Serial Number _____
Coins used to operate machine _____

Sticker No.: _____
Date Issued: _____

Location of Machine _____
Type of Machine _____
Serial Number _____
Coins used to operate machine _____

Sticker No.: _____
Date Issued: _____

Location of Machine _____
Type of Machine _____
Serial Number _____
Coins used to operate machine _____

Sticker No.: _____
Date Issued: _____



Form C - Mechanical Amusement Devices

**CITY OF CRESTWOOD
REGISTRATION OF COIN OPERATED MACHINES**

Please complete this form with the appropriate information on any **mechanical amusement device** placed by your company in Crestwood. Please copy this form as necessary before completing the information. (The City will complete the Sticker No. and Amount Paid and Date Issued.)

Location of Machine _____
Type of Machine _____
Serial Number _____
Coin(s) used to operate machine _____
This machine takes more than one coin per game ___ Yes ___ No
Sticker No. _____
Amount Paid _____
Date Paid _____

Location of Machine _____
Type of Machine _____
Serial Number _____
Coin(s) used to operate machine _____
This machine takes more than one coin per game ___ Yes ___ No
Sticker No. _____
Amount Paid _____
Date Paid _____

Location of Machine _____
Type of Machine _____
Serial Number _____
Coin(s) used to operate machine _____
This machine takes more than one coin per game ___ Yes ___ No
Sticker No. _____
Amount Paid _____
Date Paid _____

Location of Machine _____
Type of Machine _____
Serial Number _____
Coin(s) used to operate machine _____
This machine takes more than one coin per game ___ Yes ___ No
Sticker No. _____
Amount Paid _____
Date Paid _____