



Catherine E. Pugh
Mayor

**CITY OF BALTIMORE
DEPARTMENT OF FINANCE
BUREAU OF REVENUE COLLECTIONS**



Henry Raymond
Director of Finance

**Miscellaneous Tax/License Unit
200 Holliday Street, 1st Floor, Room 3
Baltimore, MD 21202**

410-361-9690*COBBusinessLicense@baltimorecity.gov

AMUSEMENT DEVICE VENDOR/OWNER REGISTRATION

<input type="checkbox"/> VENDOR OWNED	FEE	<input type="checkbox"/> BUSINESS OWNED	FEE
Vendor Registration Fee	\$200.00	Annual Amusement Device Fee	\$180.00
Vendor Per Unit Fee	\$ 50.00	Annual Fee Pool Table	\$180.00
Annual Amusement Device Fee	\$180.00	Annual No-Fee Pool Table	\$130.00
Annual Fee Pool Table	\$180.00	Annual Animated Riding Device	\$ 25.00
Annual No-Fee Pool Table	\$130.00	TOTAL AMOUNT DUE	

NOTE: Any change in information provided, including but not limited to the addition or discontinuation of a location, device or a transfer of a registered device must be reported to the Director of Finance prior to the event-taking place. By signing you hereby certify, under penalties of perjury, that the information supplied is true and correct. You further understand that any violation of the Baltimore City Code, Article 15, may result in suspension, revocation, confiscation, or non-renewal of the license(s). Any person, who violates any provision of Part 3 of this Article or of a rule or regulation adopted under this Part 3 is guilty of a misdemeanor and, on conviction, is subject to a fine of not more than \$1,000.00 for each offense. Each day a violation continues, is a separate offense.

X _____ X _____ X _____
Signature (REQUIRED) Print Name (REQUIRED) Date

**PLEASE PRINT OR TYPE INFORMATION
*** NO P.O. BOXES WILL BE ACCEPTED*****

SDAT Business Name and Account Number	Business Owner Name
Business Address	Business Phone #
City, State, Zip Code	Fax Number #
Additional Business Name(s) (if applicable)	Cell #
Contact Person	Contact Phone#

THIS SECTION IS FOR OFFICE USE ONLY-PLEASE DO NOT WRITE IN THIS SECTION

Date Rec'd	Annual Reg. Fee	\$
Initials of Processor	Unit Fee X's # _____ machines	\$
Total # of Devices	License Fee (including I & P if applicable)	\$
Permits/Letters Supplied (Copies Retained)	Total Paid	\$

Complete for each location you have amusement devices at. All information is required before licenses will be issued.

Business Name _____ **Type of Establishment** _____

Business Address _____ **Square Footage** _____

City, State, Zip _____ **Contact Person, Phone #** _____

↓ **OFFICE USE ONLY** ↓

Description of Device	Serial # for each Device	Date Installed	Permits or Letters	Unit Fee Per Device	Amusement Device Number	A.D. Fee PD.

Business Name _____ **Type of Establishment** _____

Business Address _____ **Square Footage** _____

City, State, Zip _____ **Contact Person, Phone #** _____

↓ **OFFICE USE ONLY** ↓

Description of Device	Serial # for each Device	Date Installed	Permits or Letters	Unit Fee Per Device	Amusement Device Number	A.D. Fee PD.