



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

SIMULATED SLOT MACHINE REGISTRATION FORM

FEE TYPES (PER MACHINE)	COST PER MACHINE	NUMBER OF MACHINES	TOTAL AMOUNT DUE
MASTER LICENSE FEE (flat fee)	\$5,000.00		
ANNUAL REGISTRATION TAX (1-5)	\$2,250.00		
ANNUAL REGISTRATION TAX (6-20)	\$1,750.00		
ANNUAL REGISTRATION TAX (21+)	\$1,250.00		
LICENSE TRANSFER FEE (IF APPLICABLE)	\$10.00		
PAYMENT PLAN SERVICE CHARGE FEE	\$48.00		
TOTAL AMOUNT DUE			
AMOUNT PAID			
BALANCE			

_____ Pay Quarterly
(Payment Plan Service Charge will be assessed)

_____ Pay Annually

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.

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

PLEASE PRINT OR TYPE INFORMATION

Information:

*****NO P.O. BOXES WILL BE ACCEPTED*****

SDAT Business Name	SDAT Business ID#	Business Phone #	Fax#
Business Owner's Name	Business Address		
City, State, Zip Code		Business Owner Cell #	
Contact Person & Email Address		Contact Person's Phone #	

