IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
Social and Charitable Gambling Unit
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083
(515) 281-6840
FAX: (515) 281-3291

INITIAL REGISTRATION FOR ELECTRICAL AND MECHANICAL AMUSEMENT DEVICES

Registration Type

☐ Manufacturer - $2,500 registration fee	☐ Manufacturer's Representative - $2,500 registration fee	☐ Distributor - $5,000 registration fee	☐ Owner with no more than two devices at a single location - $2,500 registration fee	☐ Qualified Organization with no more than four devices at a single location. **Note**: Copy of 501(c) exemption letter must be attached.	☐ Registration tag - $25 per device **Note**: Copy of the invoice, receipt, or bill of sale must be attached.

Registrant Information

Company Name:		EIN or SSN:	
Primary Contact Name:		Responsible Party:	
Street Address:			
City:	State:	Zip Code:	County:
Phone Number (include area code): ( )	Fax Number:	E-Mail Address (optional):	

Please enter the mailing address (if different than street address listed above):

Mailing Address:			
City:	State:	Zip Code:	County:

Please enter the address where the amusement device(s) records will be stored (if different from above addresses):

Name of Business Where Records Are Located:			
Street Address:			
City:	State:	Zip Code:	County:
Phone Number at Location Where Records Are Kept: (include area code): ( )			

Outstanding State Liabilities:

Do you owe back taxes or fees to the State of Iowa?	☐ Yes	☐ No

AFFIRMATION

I, (print name) _____, affirm that all information contained on pages one and two and any additional copies of page 2 of this application is true and accurate to the best of my knowledge and belief. I understand that I must comply with the requirements for **Electrical and Mechanical Amusement Devices** in Iowa Code sections 99B.10, 99B.10A, and 99B.10C, all administrative rules promulgated by the Iowa Department of Inspections and Appeals, and other applicable state and federal laws.

Signature of Applicant	Title	Date

Registration of Amusement Devices

(Attach additional copies of page two, if necessary.)

Complete the information below for <u>each</u> location at which registered devices will be located. All devices at the location must be registered, and a registration tag must be affixed to the front of the device <u>prior</u> to placement for public use.

Name of Location:		EIN or SSN:	Contact Person:
Street Address:			
City:	State:	Zip Code:	County:
Mailing Address (if different than Street Address):			
City:	State:	Zip Code:	County:
Phone Number (include area code): ( )			
Is this location exempt from federal income taxes?	☐ Yes ☐ No	If yes, attach a copy of 501(c) exemption letter from the IRS.	
Check one: ☐ Type A, B, C, Special Class C or D Liquor Control License Liquor License Number: _____ ☐ Warehouse			

Please enter the following information for each amusement device at the location described above. The maximum number of devices per location, except for a warehouse, shall not exceed two (2) devices, except that a qualified organization may have up to four (4) devices.

Device Name	Mother Board Serial Number

Make check or money order payable to: <u>Treasurer, State of Iowa</u>.

427-2546 (revised 11/10)