

# VIDEO GAMBLING MACHINE

## LETTER OF WITHDRAWAL

DEPARTMENT OF JUSTICE  
GAMBLING CONTROL DIVISION  
2550 PROSPECT AVENUE  
P.O. BOX 201424  
HELENA, MT 59620-1424  
PHONE:(406) 444-1971  
FAX: (406) 444-9157

**AN IMPROPERLY OR INCOMPLETE APPLICATION WILL BE RETURNED**

Type or Print Legibly using Ink

### SELECTED ADMINISTRATIVE RULE EXCERPT

(To obtain a complete copy of the rules and statutes, send \$10.00 by check only, made out to "Gambling Control Division", to the address shown on this form.)

Mont. Admin. R. 23.16.1822 (6) A completed Letter of Withdrawal (LOW) must be submitted to the department when a permitted machine is removed from play.

OPERATOR NUMBER

LIQUOR LICENSE NUMBER (12 Digits)

ESTABLISHMENT PHONE NUMBER

ESTABLISHMENT NAME

OPERATOR: HOLDER OF OPERATOR LICENSE

MAILING ADDRESS: Check if changed

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### MACHINE INFORMATION:

Mechanical Meters Track: Dollar  Credits

TYPE OF MACHINE: POKER KENO BINGO MULTI-GAME  
(CIRCLE ONE)

PERMIT NO.

SERIAL NUMBER

MANUFACTURER

MODEL NUMBER

Bill Acceptor (N/A)	<input type="text"/>
In	<input type="text"/>
Played	<input type="text"/>
Won	<input type="text"/>
Paid	<input type="text"/>

EFFECTIVE DATE OF WITHDRAWAL: \_\_\_\_\_

FINAL METER READINGS AND AUDIT TAPE ARE REQUIRED PRIOR TO TAKING MACHINE OUT OF SERVICE, STAPLE FINAL AUDIT TAPE TO THE BACK OF THIS DOCUMENT. THE FILING OF QUARTERLY GROSS INCOME TAX REPORT IS DUE AND TAX PAYABLE FROM THIS MACHINES ACTIVITY UP TO THE DATE OF WITHDRAWAL.

I, the licensee of the above establishment, request and authorize the withdrawal of the above referenced video gambling machine from my establishment. I certify that this information is true and correct.

SIGNATURE OF LICENSEE / OFFICER

PRINT NAME OF PERSON SIGNING

DATE

**ATTACH PERMIT HERE**  
**PERMIT NUMBER MUST BE READABLE**

**STAPLE AUDIT TICKET HERE**  
**-- FACE UP --**