

# VIDEO GAMBLING MACHINE APPLICATION

Montana Department of Justice, Gambling Control Division  
 2550 Prospect Ave. • PO Box 201424 • Helena, MT 59620-1424  
 Phone: (406) 444-1971 • Fax: (406) 444-9157

FOR OFFICE USE ONLY	
Check Number	_____
Check Amt \$	_____
Refund \$	_____

**► FEE SCHEDULE EFFECTIVE JULY 1, 2005 ◀**

Submit correct fee per machine:  
 July 1 through June 30 – **\$220** per machine  
 Oct. 1 through June 30 – **\$165** per machine  
 Jan. 1 through June 30 – **\$110** per machine  
 April 1 through June 30 – **\$55** per machine

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

Type or print legibly using blue ink.

GAMBLING ACCOUNT ID NUMBER (0000000-000-XXX)

ESTABLISHMENT PHONE NUMBER

ESTABLISHMENT NAME

Mailing address: Check here if changed

\_\_\_\_\_  
 \_\_\_\_\_

OPERATOR: HOLDER OF OPERATOR LICENSE

Federal ID Number

**MACHINE INFORMATION**

VGMID NUMBER	
SERIAL NUMBER	

**MECHANICAL METER READINGS**

BA							
CRIN							
CRPL							
CRWN							
CRPD							

Owned by Establishment

Owned by Route Operator  
 Provide Account ID Number:

**ELECTRONIC METER READINGS**

CRTL		.	
CRPL		.	
CRWN		.	
CRPD		.	

*Staple a correctly programmed audit ticket to the back of this form.*

**STAPLE PAYMENT  
HERE**

**I DESIGNATE THE FOLLOWING PERSON(S) TO SIGN MY QUARTERLY REPORTS FOR MACHINES THAT ARE ESTABLISHMENT OWNED:**

1

Print Designee Name

Signature

2

Print Designee Name

Signature

**I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT:**

Print Name of Person Signing

Signature of Licensee/Officer

Date

STAPLE AUDIT TICKET HERE  
----- Face Up-----

## INSTRUCTIONS

1. Use the correct gambling account number provided to you by the Gambling Control Division.
2. Use your unique Video Gambling Machine Identification (VGMID) Number assigned by the division.
3. The application will be returned unless the establishment name and holder of the operator license **exactly** match the information printed on your current Gambling Operator License.
4. Make all checks payable to “**Gambling Control Division.**” Staple the check to the front of the application form where indicated. (We suggest that you attach a separate check to each machine application you submit.)
5. Staple a correctly programmed audit ticket to the top of this application form where indicated.
6. The authorized person must sign the machine application. Please sign legibly.
  - If the holder of the operator license is a corporation, an authorized agent (officer, director or stockholder) must sign.
  - If the holder of the operator license is an organization, an authorized agent (officer or director) must sign.
7. For establishment-owned machines, the holder of the gambling operator license may designate someone other than the licensee to sign the quarterly tax reporting forms. For route-operator-owned machines, the route operator must complete Form 23, Quarterly Tax Reporting Authorization Form.
8. If you must amend information submitted previously on a video gambling machine application, print “**AMENDED**” across the top, **complete the application form and highlight the information you are amending.**
  - Attach a current audit ticket to the application.
  - The licensee must sign amended machine applications.There is no fee for amended applications.
9. This form is downloadable from the Department of Justice website at [www.doj.mt.gov/gaming/forms.asp](http://www.doj.mt.gov/gaming/forms.asp).

**If you require assistance in filling out this form,  
please call (406) 444-1971.**