



VIDEO GAMBLING MACHINE REPLACEMENT PERMIT REQUEST

GENERAL INFORMATION

Operator Number _____

Establishment Name _____ Establishment Phone _____
(if applicable) (if applicable)

Email _____

Mailing Address _____
Street, Suite No City State Zip

MACHINE INFORMATION

VG MID Number _____

Serial Number _____

I request a replacement permit for the above referenced video gambling machine.

The original permit was:

- Removed by Customer
- Destroyed
- Lost in the Mail
- Lost After Receipt
- Placed on Wrong Machine

I swear that if "lost permit" is found, I will return it to the Division immediately.

Authorized Signature

Print Name of Person Signing

Date

ATTACH FEE AND SEND APPLICATION TO:

Montana Department of Justice, Gambling Control Division
615 South 27th St., Suite A, Billings, MT 59101
Phone: (406) 896-4300 • Fax: (406) 896-4308
Email: gcd@mt.gov • www.dojmt.gov/gaming/