



VIDEO GAMBLING MACHINE APPLICATION

For Office Use Only	
Check Number	_____
Amount \$	_____
Refund \$	_____

GENERAL INFORMATION

Application Type: New Amended (no fee) Reduced Fee

Operator Number _____

Establishment Name _____ Establishment Phone _____

Email _____

Mailing Address _____
Street, Suite No *City* *State* *Zip*

MACHINE INFORMATION	
VG MID Number	_____
Serial Number	_____
<input type="checkbox"/> Owned by Establishment	
<input type="checkbox"/> Owned by Route Operator	
RO Name	_____
Account #	_____

MECHANICAL METER READINGS							
BA							
CRIN							
CRPL							
CRWN							
CRPD							

METER READING REPORTING METHOD:

Tier I Tier II Manual

DAY OF WEEK FOR REPORTING (TIER II MACHINES ONLY)

M T W T F

Fee Schedule Effective July 01, 2013	
July 1 – Sept 30	\$240.00 per machine
Oct 1 – Dec 3	\$180.00 per machine
Jan 1 – Mar 31	\$120.00 per machine
Apr 1 – June 30	\$60.00 per machine
Reduced Fee	\$25.00 per machine

FREQUENCY FOR REPORTING (TIER II MACHINES ONLY)

Weekly Bi-Weekly

**STAPLE A CORRECTLY PROGRAMMED LIFETIME
AUDIT TICKET TO THE BACK OF THIS FORM.**

I certify that this information is true and correct.

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/

Staple Payment Here Payable to: Gambling Control Division
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