IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

Social & Charitable Gambling Unit Lucas State Office Building Des Moines, Iowa 50319-0083 Phone 515-281-6840 Fax 515-281-3291

RENEWAL REGISTRATION FOR ELECTRICAL OR MECHANICAL AMUSEMENT DEVICES

Registration Type

☐ Manufacturer- \$2,500 registration fee	☐ Distributor- \$5,000 registration fee		Owner with no more than four devices at a single location-\$2,500 registration fee		☐ Registration Tag- \$25 fee per device		
Registrant Information		T		1			
Company Name:	Responsible Party (list all		owners):	Primary Contact Name:			
Phone Number:		Fax Number:		E-Mail Addr	Mail Address:		
				•			
Office Street Address:			City/State/Zip Code:				
Name of Business Where Records are Located:			Phone Number at Business Where Records Are Located:				
Records Storage Address:			City/State/Zip Code:				
Mailing Address (if different than Office Street Address):			City/State/Zip Code:				
Does the registrant owe any back taxes or fees to the State of Iowa? ☐ Yes ☐ No							
Once per year location verification by Distributors and Owners Iowa Administrative Code 481-IAC-105.10 requires all Amusement Device distributors and owners to verify all device locations with the annual renewal application. If you are registered as a distributor or owner of registered Amusement Devices and you are renewing your annual distributor or owner registration at this time you are required to do one of the following:							
 Attach a list of all the Amusement Devices that you have registered as of the date of this application or Log onto GMMS and verify that the Amusement Devices registered are in the correct locations as of the date of this application. If you chose this option you must check the box below and initial next to the verification. 							

I certify that I have logged onto GMMS and have verified that all Amusement Devices listed therein

are physically at the same locations as on the GMMS web-based system.

Renewal Registration of Amusement Devices

Location Name	Registration Tag Number	Game Name	Motherboard Serial Number
I, (print name)	, affirm	that all information contained	d on pages one and two and
any additional copies of page	two of this application is true	and accurate to the best of m	y knowledge and belief. I
understand that I must comp	oly with the requirements for E	lectrical or Mechanical Amus	ement Devices in Iowa Code
chapter 99B, all administrative	ve rules promulgated by the Do	epartment, and other applicab	le state and federal laws.
Signature of Ap	plicant	Title	Date

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