

**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**

INITIAL REGISTRATION FOR ELECTRICAL OR MECHANICAL AMUSEMENT DEVICES

Registration Type

<input type="checkbox"/> Manufacturer- \$2,500 registration fee	<input type="checkbox"/> Distributor- \$5,000 registration fee	<input type="checkbox"/> Owner with no more than four devices at a single location- \$2,500 registration fee	<input type="checkbox"/> Qualified Organization with no more than four devices at a single location- \$0 Note: A copy of 501(c) determination letter must be attached.	<input type="checkbox"/> Registration Tag- \$25 fee per device Note: A copy of the invoice, receipt, or bill of sale must be attached.
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Registrant Information

Company Name:	Responsible Party (list all owners):	Primary Contact Name:
Phone Number:	Fax Number:	E-Mail Address:

Office Street Address:	City/State/Zip Code:
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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:
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Does the registrant owe any back taxes or fees to the State of Iowa? Yes
 No

I, (print name) _____, affirm that all information contained on pages one and two and any additional copies of page two of this application is true and accurate to the best of my knowledge and belief. I understand that I must comply with the requirements for **Electrical or Mechanical Amusement Devices** in Iowa Code chapter 99B, all administrative rules promulgated by the Department, and other applicable state and federal laws.

Signature of Applicant Title Date

Initial Registration of Amusement Devices
(Attach additional copies of this page, if necessary)

Complete one copy of this page for each location where you will be placing Amusement Devices once you have received registration tags. The devices must be registered with registration tag affixed to the front of the device **prior** to placement for public use. If you would rather you may register all of the devices to a warehouse location and then move them electronically or on a Move Form within 10 days of the physical move.

Location Information--check one box below

<input type="checkbox"/> Bar or Tavern—Liquor License # _____	<input type="checkbox"/> Warehouse
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Name of Location:	Contact Name:
Street Address:	City/State/Zip:
Phone Number:	County:

Mailing address (if different than Office Street Address):	City/State/Zip Code
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Please enter the following information for each amusement device you are registering to the location described above. The maximum number of devices per location shall not exceed four (4) except in the case of a warehouse location not accessible by the public where there is no limit of devices.

Game Name	Motherboard Serial Number

Make check or money order payable to Treasurer, State of Iowa.