RESET FORM

PRINT

INFORMATIONAL ATTACHMENT C
FOR NEW ELECTRONIC GAMES
AND NEW PROPRIETARY GAMES / EQUIPMENT

Applicant: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

LOCATION(S) WHERE THE GAME / EQUIPMENT IS STORED

Total Number of Locations: |___|___|___|

Feel free to duplicate this page to include all names and locations where the game / equipment is stored.

- Location # |___|___|

  Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  Use Full Name, Corporate or Partnership Name

  Business Mailing Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

  Telephone:
  Primary: |___|___|___|-|___|___|___|-|___|___|___|___| Message: |___|___|___|-|___|___|___|-|___|___|___|___|

  • Trade Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  Premise Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  Street Address

  City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

  Telephone:
  Primary: |___|___|___|-|___|___|___|-|___|___|___|___| Message: |___|___|___|-|___|___|___|-|___|___|___|___|

  E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  @ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

- Location # |___|___|

  Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  Use Full Name, Corporate or Partnership Name

  Business Mailing Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

  Telephone:
  Primary: |___|___|___|-|___|___|___|-|___|___|___|___| Message: |___|___|___|-|___|___|___|-|___|___|___|___|

  • Trade Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  Premise Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  Street Address

  City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

  Telephone:
  Primary: |___|___|___|-|___|___|___|-|___|___|___|___| Message: |___|___|___|-|___|___|___|-|___|___|___|___|

  E-Mail Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

  @ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|