



OPERATORS ARE ASKED TO COMPLETE THE FOLLOWING FORM AND HELP IMPROVE COMPLIANCE IN THE COIN-OPERATED AMUSEMENT DEVICE INDUSTRY.

MASTER LICENSE & STICKER REPORT

Address of unregistered machine: \_\_\_\_\_

Name of business: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner of machine (if known): \_\_\_\_\_

Street Address/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Other relevant information on violation known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Street Address/Mailing Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Other relevant information on violation known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please mail completed forms to:

Tennessee Department of Revenue  
Taxpayer Services Division  
500 Deaderick Street  
Nashville, Tennessee 37242

Information Item \_\_\_\_\_

Special Agent \_\_\_\_\_

Date \_\_\_\_\_