

**CITY OF MARION
COIN OPERATING PERMIT APPLICATION
Annual Renewal**

NAME _____ POSITION _____

CORPORATE NAME _____

CORPORATE ADDRESS _____

PHONE # _____ PHONE # _____

BUSINESS NAME _____

LOCATION OF MACHINES(S) ADDRESS _____

VENDOR NAME _____

VENDOR ADDRESS _____

RESPONSIBLE PARTY FOR PAYING PERMIT FEE _____

NUMBER OF MACHINES _____ (A \$25.00 FEE IS REQUIRED FOR EACH MACHINE)

1. It is your responsibility to notify the city of any change in inventory, replacement or the addition of a new machine, **accompanied by the applicable permit fee.**
2. **An inventory listing must accompany your application. (Listed on the back of this form).**
3. **All permit fees are due and payable by April 30th** of each year. Notice of renewals will be sent to you by April 5th of each year. A 30-day grace period to pay the fees will be granted, only if necessary. **Failure to pay the permit fees will result in shutting off the operation of the machine(s) until the fees are paid.**
4. All permits will be mailed or delivered to the location address of the coin operated device and are to be displayed on each.
5. Make checks payable to: City of Marion
6. Mail application and check to:
City of Marion
Attention: City Clerk
1102 Tower Square
Marion, IL. 62959

