



## VIDEO GAMBLING MACHINE REPLACEMENT PERMIT REQUEST

### GENERAL INFORMATION

Operator Number \_\_\_\_\_

Establishment Name \_\_\_\_\_ Establishment Phone \_\_\_\_\_  
(if applicable) (if applicable)

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street, Suite No City State Zip

### MACHINE INFORMATION

VG MID Number \_\_\_\_\_

Serial Number \_\_\_\_\_

I request a replacement permit for the above referenced video gambling machine.

The original permit was:

- Removed by Customer
- Destroyed
- Lost in the Mail
- Lost After Receipt
- Placed on Wrong Machine

*I swear that if "lost permit" is found, I will return it to the Division immediately.*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name of Person Signing

\_\_\_\_\_  
Date

#### ATTACH FEE AND SEND APPLICATION TO:

Montana Department of Justice, Gambling Control Division  
2550 Prospect Ave. • PO Box 201424 • Helena, MT 59620-1424  
Phone: (406) 444-1971 • Fax: (406) 444-9157  
Email: [gcd@mt.gov](mailto:gcd@mt.gov) • [www.dojmt.gov/gaming/](http://www.dojmt.gov/gaming/)