FORM 8 REVISED
05/2018

VIDEO GAMBLING MACHINE APPLICATION

For Office Use Only
Check Number _____
Amount $_____
Refund $_____

GENERAL INFORMATION

Application Type: ◯ New ◯ Amended (no fee) ◯ Reduced Fee

Operator Number_____

Establishment Name_____Establishment Phone _____

Email _____

Mailing Address _____
Street, Suite No *City* *State* *Zip*

MACHINE INFORMATION

VGMID Number _____

Serial Number _____

◯ Owned by Establishment

◯ Owned by Route Operator

RO Name _____

Account # _____

MECHANICAL METER READINGS

BA							
CRIN							
CRPL							
CRWN							
CRPD							

METER READING REPORTING METHOD:

◯ Tier I ◯ Tier II ◯ Manual

Fee Schedule Effective July 01, 2013

July 1 – Sept 30	$240.00 per machine
Oct 1 – Dec 3	$180.00 per machine
Jan 1 – Mar 31	$120.00 per machine
Apr 1 – June 30	$60.00 per machine
Reduced Fee	$25.00 per machine

DAY OF WEEK FOR REPORTING (TIER II MACHINES ONLY)

◯ M ◯ T ◯ W ◯ T ◯ F

FREQUENCY FOR REPORTING (TIER II MACHINES ONLY)

◯ Weekly ◯ Bi-Weekly

STAPLE A CORRECTLY PROGRAMMED LIFETIME AUDIT TICKET TO THE BACK OF THIS FORM.

I certify that this information is true and correct.

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 ● www.dojmt.gov/gaming/

Staple Payment Here
Payable to:
Gambling Control Division