



CITY OF DALLAS  
APPLICATION for COIN OPERATED STICKERS

\$ 15.00 PER STICKER

***(FOR OFFICE USE ONLY)***

AMOUNT DUE: \$ \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
DATE PAID: \_\_\_\_/\_\_\_\_/\_\_\_\_ INSTRUMENT NUMBER: \_\_\_\_\_  
INSTRUMENT TYPE:  CK  MO  CC  CASH  
PAYOR: \_\_\_\_\_  
(If different than customer/applicant, capture address, C/S/Z, phone number)  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SECTION A: GENERAL INFORMATION REGARDING THE BUSINESS ENTITY** *(PLEASE PRINT)*

BUSINESS TRADE NAME: \_\_\_\_\_  
ADDRESS OF BUSINESS: \_\_\_\_\_  
CITY / STATE: \_\_\_\_\_ ZIP + FOUR - \_\_\_\_\_  
BUS. TELEPHONE NO: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ BUS. FAX NO: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_

**SECTION B: APPLICANT (RESPONSIBLE PERSON APPLYING FOR THE COIN OPERATED STICKERS):** *(Please print)*

\_\_\_\_\_  
Last Name First Name Middle Name (Maiden Name)  
Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_  
Applicants Home Address: \_\_\_\_\_  
City / State: \_\_\_\_\_ Zip + Four \_\_\_\_\_ - \_\_\_\_\_  
Home No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus. Telephone No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cellular Telephone No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SECTION C: LIST BUSINESS NAME AND LOCATION WHERE STICKERS WILL BE PLACED**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

**Number of Stickers:** \_\_\_\_\_

**Are Alcoholic Beverages Sold On The Premises?**                       **Yes**                       **No**

\*\*\*\*\*

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

**Number of Stickers:** \_\_\_\_\_

**Are Alcoholic Beverages Sold On The Premises?**                       **Yes**                       **No**

\*\*\*\*\*

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

**Number of Stickers:** \_\_\_\_\_

**Are Alcoholic Beverages Sold On The Premises?**                       **Yes**                       **No**

\*\*\*\*\*

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

**Number of Stickers:** \_\_\_\_\_

**Are Alcoholic Beverages Sold On The Premises?**                       **Yes**                       **No**

Total Number of Stickers Requested: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_