



Form ADT Application for Amusement Device Permit

Mail application and payment to:

Idaho State Tax Commission
PO Box 36
Boise ID 83722-0410

State Use Only

Use this application for amusement device permits (decals). You must display decals on each currency- or token-operated amusement device in service. Examples: pinball machine, jukebox, video game, etc.

Legal business name		Assumed business name	
Mailing address		Employer Identification Number (EIN)	Social Security number (SSN)
City	State	ZIP code	Business phone number
Contact Person Information			
Name		Title	Phone number and extension
Email address			Fax number

Section 1

1. Purpose of registration (*select one*):

- New applicant
 Change legal name
 Change assumed business name
 Add/Change location
 Change in partners, shareholders, or managing members

2. Enter your active Idaho seller's permit number, if applicable. _____

If you have a current Idaho seller's permit and information about your business hasn't changed, go to section 2.

3. Date business began in Idaho	4. Date incorporated	5. State of incorporation	6. Month tax year ends
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7. Describe your business activities in Idaho. Include the date the activities began in Idaho.

8. Have you ever had a permit or account number issued by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list all permit or account numbers.
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9. Type of business (*select one*):

- Sole proprietorship
 Partnership
 S corporation
 Corporation
 Nonprofit
 Government
 Fiduciary or trust
 Limited liability company

10. List (a) owner and spouse of sole proprietorship, (b) **all** partners of partnership, (c) **all** corporate officers for a corporation, or (d) **all** members for an LLC. (*Use additional sheet, if necessary.*)

Name	Address of residence	SSN or EIN and phone number	Corporate Title	% Owned	Director? yes/no

Section 2

11. List the business's physical location - **No PO Box or mail drop addresses**
(Use additional sheet, if necessary.)

Street address	City	State	ZIP code
Street address	City	State	ZIP code
Street address	City	State	ZIP code

12. If you operate amusement devices at locations other than your own business, please include below.
(Use additional sheet, if necessary.)

Device 1

Street address	City	State	ZIP code
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Device 2

Street address	City	State	ZIP code
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Device 3

Street address	City	State	ZIP code
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Section 3

13. Enter the number of amusement device decals requested. See instructions for decal requirements.

Number of decals for machines or devices in service _____ **x \$42.00 =** _____ **Total Due**

Section 4

Complete the applicable section if you're requesting a transfer of existing decals (see instructions for transfer types).

14. Are you the new owner of a business with existing decals registered to the previous owner? Yes No

Enter the previous owner's name: _____

Enter the date you acquired the business: _____

List of decals to be transferred: _____

15. Did you change the name of your business? Yes No

Provide your business's previous name: _____

List of decals to be transferred: _____

Certification: I certify that I am authorized as an owner, partner, corporate officer, member, or representative to sign this document and that the statements made are correct and true to the best of my knowledge. (For sole proprietors, the spouse must also sign this form.)

Print name	Signature	Date
Print name	Signature	Date