CITY OF DETROIT CONSUMER AFFAIRS
BUSINESS LICENSE CENTER

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COIN-OPERATED MACHINE LOCATION LIST
LICENSE YEAR _____

D.B.A._____ Attention:_____

Business Address:_____ City_____State_____Zip_____

Licensee/Owner Name:_____ / Telephone: (____)_____

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LICENSE CLASSIFICATIONS				
Address of Machines	Name of Location	M.M.D.	C.O.G.	B.T.
sample:1234 Morang	**Matties Shoppe**	**25**	**5**	**2**
14 Locations:(copy if additional space need 2/3/03gfl	**TOTALS**			