

Wichita Tax Commission

Wichita and Affiliated Tribes

Gary McAdams, Chairman
Bruce Birch, Member
Kathrine Cunningham, Member
Gladys Walker, Member

Verna Wetselline, Tax Administrator
Leah Kautaly, Administrative Assistant
E'vonne Zumwalt, Tag Agent
Shane Eskew, Tax Clerk



P.O. Box 547
Anadarko, OK 73005
Phone: 405.247.8643
Fax: 405.247-8672

Website: www.wichitatribe.com

GAMING DEVICE APPLICATION ANNUAL FEE

- ALL ANSWERS MUST BE PRINTED IN BLACK INK OR TYPEWRITTEN
- APPLICANT MUST CHECK THE APPROPRIATE BOXES
- ALL CHECKS PAYABLE TO WICHITA TAX COMMISSION

A. APPLICATION INFORMATION:

1. NAME: _____

2. CURRENT ADDRESS: _____

Street Address

City

State

Zip Code

3. PHONE: _____

Business

Email

B. BUSINESS INFORMATION:

1. How is the business owned?

- a) Individual
- b) General Partnership
- c) Limited Partnership
- d) Corporation
- e) Other

2. Federal Employer's Identification Number (EIN) or Social Security Number: _____

C. FEES:

1. Check Applicable Annual Application Fee:

Gaming Device Numbering:

- | | | |
|-----------------------------|------------|----------|
| <input type="checkbox"/> a) | 50 or Less | \$125.00 |
| <input type="checkbox"/> b) | 51-150 | \$250.00 |
| <input type="checkbox"/> c) | 151-300 | \$350.00 |
| <input type="checkbox"/> d) | Over 301 | \$450.00 |

D. GAMING DEVICE LOCATION:

1. Location of Gaming Devices

a) Hinton Total Number of Machines

E. NUMBER OF DEVICES AND AMOUNT DUE:

- 1. Previous Calendar Year-Number of Devices _____
- 2. Current Calendar Year-Number of Devices _____ X 100 \$ _____
- 3. Application Fee \$ _____
- 4. Penalties and Interest (if applicable) \$ _____

TOTAL AMOUNT DUE \$ _____
(Must Be Remitted with Application)

F. RESPONSIBLE PERSON AND DECLARATION UNDER PENALTY OF PERJURY:

1. Name of Officer of Employer Responsible for Remitting:

Name (Last, First, Middle Initial)	Social Security Number	Title
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_____ Mailing Address (Street, Number, PO Box, Rural Route and Box Number)

City	State	Zip Code
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2. Declaration (must be signed by Sole Owner, General Partner, Corporate Officer, or Authorized Representative)

I, the undersigned applicant or authorized representative, declare under the penalties of perjury, and other penalties of law that I have examined this application and to the best of my knowledge the facts and representations set forth are true and correct. I will report to the Wichita Tax Commission within ten (10) days of occurrence of any variance or violation of the laws of the Wichita and Affiliated Tribes of the laws of the Wichita Tax Commission.

Signature: _____ Date: _____

Type or Print Name and Title: _____