



CITY OF  
**WATERTOWN**  
FINANCE DEPARTMENT

## Video Lottery License Application

Licensing Year: \_\_\_\_\_

### License Information:

Applicant/Owner Name (as it will appear on license)	_____
Business Name (as it will appear on license)	_____
Business Address	_____
City, State, Zip	_____
License #	_____
Phone Number	_____
Email Address	_____
Number of Video Lottery Machines	_____
License Fee (\$50.00 per machine/per year)	_____

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY CITY OF WATERTOWN**

Fee Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Dated: \_\_\_\_\_

License or Permit Number: \_\_\_\_\_

City Council Approved On \_\_\_\_\_

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Finance Officer

**Submit completed application to:** City Finance Office, Attn: Records/Licensing Manager, PO Box 910, Watertown SD 57201

Phone# (605) 882-6203 • Fax# (605) 882-6218 • licenses@watertownsd.us

*License fee is not refundable.*