

VIDEO GAMING LICENSE APPLICATION

PLEASE PRINT OR TYPE

Date of Application: _____

SECTION A: Establishment Where Video Gaming Terminal Will be Located

Establishment Name: _____ Address: _____
 Owner Name: _____ Age: _____
 Owner Address: _____
 City, State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Fax Number: _____ Email Address: _____

SECTION B: Video Gaming Terminal Information

Owner Name: _____ Age: _____
 Owner Address: _____
 City, State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Fax Number: _____ Email Address: _____

SECTION C: Attachments

Copy attached of video gaming license issued by the Illinois Gaming Board to the owners of:
 the video gaming terminal YES NO and the local establishment YES NO

Description of video gaming terminal to be operated under the above license: _____

Drawing attached indicating the location of the video gaming terminal as it is to be located in the local establishment. YES NO

Has the owner of the establishment or the owner of the video gaming terminal ever been convicted of, or entered a plea of guilty, no contest to, or nolo contendere to a crime (felony, misdemeanor or licensing ordinance) in any court, even if the court withheld adjudication so that you would not have a record of conviction? YES NO

If "Yes", attach list with type of crime, date of action, and the name of court taking action.

Section D: Fees

FEE

Video Gaming Establishment License Fee \$ 1,000.00

Mechanical/Electronic Gambling Device License Fee \$250.00 Per Device

Number of Devices *X \$250.00 Per Device = \$*

Total Fees Enclosed \$

 Signature of Applicant

FOR OFFICE USE ONLY

LICENSE FEES PAID GAMBLING DEVICES CHECK # _____ BATCH # _____