



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 # []