



CITY OF DECATUR
 FINANCE DEPARTMENT
 #1 GARY K ANDERSON PLAZA
 DECATUR IL 62523
 LICENSING – (217) 424-2709

FEE: \$250 per terminal
 License Expires December 31

VIDEO GAMING LICENSE APPLICATION - ESTABLISHMENT

Purpose of application: New Renewal Additional Machines
Description of Business Organization: Corporation LLC Partnership Individual Owner
State Establishment Classification: Retail Fraternal Veterans Truck Stop Large Truck Stop

Type of City Liquor License: _____

Number of video gaming terminals to be licensed _____

PLEASE PRINT

Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Email Address _____

Local Contact _____ Phone # _____
First MI Last

Names and Addresses of Owner, Partners, or Stockholders (5%+), Officers/Directors of Corporation:
 (use additional sheets of paper if necessary)

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

CONTINUE ON PAGE 2

FOR CITY OF DECATUR USE ONLY		New _____ Renewal _____ Additional _____
_____		Amount Paid \$ _____
City Manager or Designee	Date	Date Paid _____
ILLINOIS STATE GAMING LICENSE		License No. _____
Yes	No _____	License Issued _____

Name of Manager _____ Date of Birth _____

First MI Last

Address _____

Street City State Zip Code

Owner/Distributor of video terminals to be licensed:

Name _____ Phone # _____

Business Name or First, MI, & Last Name

Address _____

Street City State Zip Code

Email Address _____

Person or business that will service or maintain video terminals to be licensed (if different):

Name _____ Phone # _____

Business Name or First, MI, & Last Name

Address _____

Street City State Zip Code

Email Address _____

THE UNDERSIGNED, BEING FIRST DULY SWORN, ON OATH DEPOSES AND SAYS:

(Please initial after each)

1. **The Establishment is not in arrears in any taxes, fees, or bills due to the City of Decatur or State of Illinois.** _____
2. **The establishment agrees to observe all requirements of Chapter 54.1 of the City Code and abide by all other ordinances and laws of the State, Federal, and Local Government.** _____
3. **That no owner with more than a five percent (5%) interest or manager of the establishment has ever been convicted of a felony, a gambling offense, or a crime of moral turpitude *or has applied for a Certificate of Rehabilitation from the City Manager.***_____
4. **Does hereby state under penalties of perjury that all statements in the foregoing application are true and correct.** _____

PLEASE PRINT

Name _____ Phone # _____

First MI Last

Address _____

Address City State Zip Code

Date of Birth _____ Signature _____

STATE OF ILLINOIS)

) SS.

COUNTY OF MACON)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

(Seal)