



AMUSEMENT DEVICE LICENSE APPLICATION
LICENSE PERIOD: JULY 1 - JUNE 30

LOCATION NO: _____

☐ NEW

☐ RENEWAL

NOTE: DEVICES MAY NOT BE INSTALLED OR OPERATED WITHOUT A CURRENT STATE AND VILLAGE LICENSE.

PLEASE BE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- A copy of your driver's license
- A copy of your State Amusement device license

BUSINESS INFORMATION

CORPORATE NAME: _____

DBA: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (If different from above): _____

BUSINESS PHONE NO: _____

BUSINESS EMAIL ADDRESS: _____

NAME OF DISTRIBUTOR: _____

ADDRESS OF DISTRIBUTOR: _____

APPLICANT INFORMATION

NAME (First and last): _____

HOME ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NO: _____

Please make sure to include a copy of your driver's license when submitting this application.

MANAGER INFORMATION

All Managers/Officers of the business must be listed below. Any changes to the information provided must be submitted in writing via email to the Village of Montgomery at cpantoja@montgomeryil.org

NAME (First and last): _____

HOME ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NO: _____

Please make sure to include a copy of your driver's license when submitting this application.

PLEASE LIST YOUR EMPLOYMENT HISTORY FOR THE LAST FIVE (5) YEARS:

From	To	Employer	Address	Position Held

PLEASE LIST ANY ARREST RECORDS INCLUDING TRAFFIC VIOLATIONS:

Date	Charge	Location	Disposition

NAME (First and last): _____

HOME ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NO: _____

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AMUSEMENT DEVICE INFORMATION*Please list each machine individually.*

Description	# of machines/tables

FEE BREAKDOWNCasino Entertainment Device -
\$100.00 per device

Pool Tables - \$75.00 per device

IF THE PREMISE IS BEING LEASED, PLEASE LIST THE FOLLOWING INFORMATION FOR EACH OWNER.

OWNER # 1 (First and last name): _____

ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____

OWNER # 2 (First and last name): _____

ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____

ADDITIONAL QUESTIONS

1. HAVE YOU EVER SUBMITTTED AN APPLICATION FOR ANY LICENSE(S) IN THE VILLAGE OF MONTGOMERY OR IN ANOTHER LOCATION OTHER THAN THE ONE FOR WHICH THIS LICENSE IS BEING SOUGHT?

YES ☐ NO ☐

IF YES, PLEASE SPECIFY WHERE AND WHAT TYPE OF LICENSE YOU APPLIED FOR?

2. HAS YOUR APPLICATION EVER BEEN REJECTED?

YES ☐ NO ☐

IF YES, PLEASE EXPLAIN:

3. HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED?

YES ☐ NO ☐

IF YES, PLEASE EXPLAIN:

4. HAVE YOU, THE OWNER(S), MANAGER(S) OR PARTNER(S) IN THE BUSINESS BEEN CONVICTED OF A FELONY OR ANY CRIMINAL OFFENSE OR ORDINANCE VIOLATION IN ANY JURISDICTION SINCE THE LAST APPLICATION?

YES ☐ NO ☐

IF YES, PLEASE EXPLAIN:

5. WILL YOU CONTINUE TO FAMILIARIZE YOURSELF WITH ALL THE LAWS OF THE UNITED STATES, STATE OF ILLINOIS, AND ORDINANCES OF THE VILLAGE OF MONTGOMERY PERTAINING TO AMUSEMENT DEVICES?

YES ☐ NO ☐

I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE AMUSEMENT LICENSE ORDINANCE. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE. ANY FALSE OR MISLEADING INFORMATION PROVIDED HEREIN MAY RESULT IN THE DENIAL OF YOUR APPLICATION. ANY VIOLATION OF THE AMUSEMENT ORDINANCE MAY RESULT IN FINES, REVOCATION, OR SUSPENSION OF YOUR LICENSE.

SIGNATURE OF OWNER OR MANAGER

DATE

FOR OFFICE USE ONLY

BUSINESS NAME:

LOCATION NO:

AMOUNT RECEIVED:

DATE RECEIVED:

METHOD OF PAYMENT:

PROCESSED BY:

ZONING VERIFIED BY: