



VIDEO GAMING LICENSE APPLICATION

License Period: January 1 to December 31

All new applications must be accompanied by a non-refundable background check fee (\$50 per person)

PLEASE SELECT ONE OF THE FOLLOWING:

NEW APPLICATION:

RENEWAL APPLICATION:

PLEASE SELECT THE BUSINESS TYPE:

VETERAN

FRATERNAL

TRUCK STOP

LARGE TRUCK STOP

LIQUOR ESTABLISHMENT

LICENSE YEAR: _____

LICENSE FEE*: \$ _____

**(\$250 per terminal - nonrefundable)*

LICENSE NO: _____

NUMBER OF TERMINALS: _____

ZONING DISTRICT: _____

Video gaming license must be displayed next to the video gaming terminal.

BUSINESS INFORMATION

CORPORATE NAME: _____

Print the name of your business as it will show on your state video gaming license.

LOCAL BUSINESS NAME (assumed or d/b/a name): _____

LOCAL BUSINESS ADDRESS: _____

MAILING ADDRESS (If different from above): _____

BUSINESS PHONE: _____ BUSINESS EMAIL: _____

TYPE OF BUSINESS:

CORPORATION LIMITED LIABILITY COMPANY (LLC) PARTNERSHIP

LENGTH OF TIME BUSINESS HAS BEEN UNDER CURRENT OWNERSHIP AT THIS LOCATION:

NAME OF AGENT (for Corp., LLC or trust): _____

OFFICE ADDRESS OF AGENT: _____

OFFICE PHONE : _____ EMAIL: _____

ILLINOIS SALES TAX NUMBER: _____

DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____

Either the date of incorporation of an Illinois corporation, or the date of becoming qualified under the Illinois Business Corporation Act to transact business in Illinois if a foreign corporation.

CORPORATE/LLC/PARTNERSHIP/SOLE PROPRIETORSHIP INFORMATION

For Corporations -List each Officer and Director. Also list all shareholders owning more than 5% of stock.

For LLCs - List LLC Manager and all members of the LLC with more than 5% share in interest.

For Partnerships - List of each partner.

For Sole Proprietorship - List individual applicant.

NAME (First and last): _____

HOME ADDRESS: _____

PREVIOUS ADDRESS: _____

PHONE NO: _____ EMAIL ADDRESS: _____

DRIVER'S LICENSE NO: _____ DATE OF BIRTH: _____

IS THE APPLICANT A UNITED STATES CITIZEN? YES NO, I am a citizen of _____

POSITION/TITLE: _____ PERCENT OF SHARES OWNED: _____

Please submit any additional names and information on a separate sheet of paper.

TERMINAL OPERATOR/DISTRIBUTOR INFORMATION

BUSINESS NAME: _____

PRIMARY CONTACT NAME: _____

OFFICE ADDRESS: _____

OFFICE PHONE: _____ EMAIL: _____

BACKGROUND INFORMATION

YES NO Has the applicant or any person listed in this application ever been convicted of a felony?

YES NO Has the applicant or any person listed in this application ever been convicted of a gambling offense as defined under section 5/6-2 of the Illinois Liquor Control Act?

YES NO Has the applicant or any person listed in this application ever been convicted of a crime of moral turpitude?

APPLICATION SUBMITTAL

Before your application can be processed, you must complete the following requirements:

- Original signed, notarized, and fully completed video gaming application.
- A copy of the Establishment's State of Illinois video gaming license.
- A copy of the Establishment's state certificate of good standing
- Copy of Valid Drivers License or State ID for all persons listed in this application
- Non-refundable background check fee (\$50 per person listed in this application)
- Non-refundable license fee (\$250 per terminal)

THE APPLICANT(S) SWEARS OR AFFIRMS THAT HE (WE) (OR THE CORPORATION IN WHOSE NAME THIS APPLICATION IS MADE, IF A CORPORATION) REAFFIRMS ALL OF THE FOREGOING STATEMENTS, AND THAT ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF HIS (OUR) KNOWLEDGE AND BELIEF; FURTHER, WE AFFIRM THAT WE ARE FAMILIAR WITH THE LAWS OF THE UNITED STATES, STATE OF ILLINOIS AND THE ORDINANCES OF THE VILLAGE OF MONTGOMERY RELATING TO VIDEO GAMING AND APPLICANT (S) AGREES NOT TO VIOLATE ANY OF THE LAWS OF THE UNITED STATES, THE STATE OF ILLINOIS, OR ANY OF THE ORDINANCES OF THE VILLAGE OF MONTGOMERY IN THE CONDUCT OF BUSINESS DESCRIBED HEREIN.

Applications by corporations shall be sworn to and signed by the corporate president and attested to and signed by the corporate secretary.

Applications by a partnership shall be sworn to and signed by two members of the partnership.

CORPORATE SEAL

CORPORATE SIGNATURES

President

Printed Name: _____

Secretary

Printed Name: _____

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Printed Name: _____

Printed Name: _____

This instrument was subscribed and sworn before me on this _____ day of _____ 20____
by _____ (name of person or persons).

Notary Public

Notary Seal

FOR OFFICE USE ONLY

LOCATION NO:

APPROVED:

FEE RECEIVED:

DATE RECEIVED:

ZONING VERIFIED BY: