

APPLICATION FOR VIDEO GAMING LICENSE

Business Name		
Physical Address		
Mailing Address (if diff	erent)	
Business Owner Name		
Owner Address		
Owner Phone		Date of Birth
Owner Email Addr		
Prior Convictions		
Contact Name		Contact Phone
issued licenses shall exp annual renewal fee shall of any fee or payment p must obtain proper Fede	bire on June 3 be due on or ayable to the eral and State	e shall be \$50.00 per gaming terminal or device. All 80 th . The initial fee cannot be prorated, and the r before June 15 th of each year. This fee is not in lieu State or to the Illinois Gaming Board. The applicant e licenses and exhibit proof of said licenses.
I have read and will con	nply with Ore	dinance #072412 of the Village of Ashmore.
Signature of Owner		Date
TO BE COMPLETED BY	THE VILLAG	E:
Cash / Check #	Date	Total Paid \$
State License Verified _		Terminal Details Rec'd
Terminal Op. License V	erified	

Approved: _____

Mayor

Clerk

TO BE COMPLETED BY VIDEO GAMING TERMINAL OWNER:

Name of Owner	Owner DOB
Contact Numbers	
Contact Email	
Name of Business	
Address	
Prior Convictions	

Machine Serial Numbers	License Number Issued (For Village Use Only)
1	
2	
3	
4	
5	
6	

I,	, the terminal operator, in contract agreement
with	(Business applying for Gaming License in orn, on oath depose and say that the foregoing information n fact.
Signature	Date

Please attach a copy of your current Terminal Operator License from the Illinois Gaming Board, and return to Village of Ashmore – PO Box 99 – Ashmore, IL 61912, or email to <u>jfreezeland@co.coles.il.us</u>, or by fax to 217-349-8332.