



APPLICATION FOR VIDEO GAMING TERMINAL LICENSE
License Fee — \$500.00 per Video Gaming Terminal

To the City Clerk of the City of Mt. Vernon in the County of Jefferson and State of Illinois:

The undersigned Establishment (herein called Applicant) hereby makes application for a Video Gaming Terminal License(s) under the provisions of Article 11, Section 11.16 of the Revised Code of Ordinances of the City of Mt. Vernon, Illinois.

Name of Establishment: _____

Physical Address of Establishment: _____

Mailing Address of Establishment: _____

The location of this Establishment does not conflict with location restrictions detailed in Section 11.16 of the City of Mt. Vernon Revised Code of Ordinances.

Telephone Numbers: _____ Email: _____

City of Mt. Vernon Liquor License No. /Expiration Date _____ / _____ **(Liquor License must be in the name of the Establishment)**

Illinois Business Tax (IBT) # _____ / FEIN# _____

Application for:

Establishment's Business Structure:

- Licensed Retail Establishment
- Licensed Veterans Establishment
- Licensed Truck Stop Establishment
- Licensed Fraternal Establishment

- Individual/Sole Proprietor
- Partnership
- Limited Liability Company (LLC)
- Corporation (non-publicly held)
- Publicly Held Corporation
- Not-For Profit Corporation Or Charitable Organization

Authorized Agent Completing This Form: _____

Agent Relationship to Applicant: _____

Email Address Of Applicant: _____

WHEN LICENSES COMPLETE: CALL _____ IF YOU WANT TO PICK UP YOUR LICENSES

OR

MAIL ORIGINAL LICENSES TO: _____

The Establishment makes application for License for the following Video Gaming Terminals:

VIDEO GAMING TERMINAL INFORMATION

	Name	Description	Video Gaming Terminal Serial No.	State Video Gaming Terminal License No.
1				
2				
3				
4				
5				
6				

ATTACH A FULLY COMPLETED AND EXECUTED "WRITTEN USE AGREEMENT" AS DESCRIBED
WITHIN THE ILLINOIS VIDEO GAMING ACT (230 ILCS 40/35)

Individual Applicant

Name of the Applicant _____

Birth Date of the Applicant _____

SS# of Applicant _____

DL# of Applicant _____

Residence Address of Applicant _____

Telephone Number of Applicant _____

Partnership Applicants — Complete For Each Partner

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS # _____

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS # _____

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS # _____

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS # _____

Corporation or Club Applicant — Complete For All Officers, Directors, and Managers

Date of Incorporation _____

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS# _____

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS# _____

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS# _____

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS# _____

Complete for all persons who own or have an interest in over five (5) percent of the stock

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS# _____

Name _____

Residence Address _____

Telephone Number _____

Birth Date _____

DL# _____

SS# _____

Name of Resident Manager _____

Address _____

Telephone _____ **Birth Date** _____

DL# _____ **SS#** _____

Dates of Residency in Mt. Vernon, Illinois - From: _____ **To:** _____

Name and Address of Landlord if the Establishment is Leased _____

Term of Lease _____ Years From: _____ To: _____

If Foreign Corporation — State Incorporated _____

Date that corporation was qualified to transact business in the State of Illinois _____

Has the Applicant (including any shareholder, partner, officer, director or manager) ever been convicted of a felony offense?

Yes _____ No _____

If Yes, give name of offender, state the offense, date of conviction, and name and location of Court **for each offense** _____

Has the Applicant (including any shareholder, partner, officer, director or manager) ever been convicted of a gambling offense?

Yes _____ No _____

If Yes, give name of offender, state the offense, date of conviction, and name and location of Court **for each offense** _____

Does the Applicant owe any past due taxes, licensing fees, any other charge, fee or obligation imposed by the City of Mt. Vernon, any tax imposed by the City, or any charge for water, sewer, or garbage services or is the Applicant in default on any loan agreement or contract with the City, or in default on any amount owed to the City of Mt. Vernon, IL? Yes _____ No _____

Each application shall be accompanied by the required annual license fee paid by cash, certified check, or money order.

The willful making of any false statement as to a material fact in this application shall constitute cause for revocation of any license issued.

This application shall be signed by the applicant. If the applicant is a partnership, all partners shall sign the application. If the applicant is a corporation or club, the application shall be signed and verified by the president and secretary.

Dated: _____

Name Title

Name Title

Name Title

Name Title

State of Illinois)
County of Jefferson) SS

_____ being first duly sworn upon his/her oath states that he/she read the above and foregoing application and knows that the contents and facts thereof are true and correct. The Undersigned certifies that he/she is owner of the Establishment or is an authorized agent of the Establishment.

Print Name (Owner or Authorized Agent) Signature (Owner or Authorized Agent)

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

(SEAL) _____
Notary Public

FILED this _____ day of _____, 20_____.

(SEAL) _____
City Clerk of Mt. Vernon, IL