



**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 Chapter 114 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 Chapter 114 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