

10 N. Water Street  
847-741-2151  
847-888-0052 Fax

## Village of South Elgin Police Department

www.southelgin.com

Hours of Operation  
Monday - Friday  
8:30 am - 5:00 pm  
**24-Hour 911**

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### VIDEO GAMING LICENSE APPLICATION

#### SECTION A: BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business:

Corporation

Limited Liability Company

Date and State of Incorporation or Organization: \_\_\_\_\_

Purpose of Incorporation or Organization: \_\_\_\_\_  
(Type of Business)

#### SECTION B: ESTABLISHMENT/PREMISE INFORMATION

Name - Doing Business As: \_\_\_\_\_

Location Address: \_\_\_\_\_

Location Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### SECTION C: MANAGER INFORMATION

Manager Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### SECTION D: OWNERSHIP INFORMATION

Provide owner/officer/partner information in accordance with the type of business noted above. The same information must be submitted for shareholders with interests equal to or exceeding five percent (5%).

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If naturalized, date and place of naturalization: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If naturalized, date and place of naturalization: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If naturalized, date and place of naturalization: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Percent Owned: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If naturalized, date and place of naturalization: \_\_\_\_\_

(use additional sheets if necessary)

**SECTION E: GENERAL INFORMATION**

Does everyone listed in the application understand and agree not to violate any Video Gaming laws of the State of Illinois and any ordinances of the Village of South Elgin in conducting business?

Yes  No

If no, explain: \_\_\_\_\_

Has anyone listed in this application ever been convicted of a felony under Federal or State law?

Yes  No

If yes, explain: \_\_\_\_\_

A valid South Elgin liquor license has been attached?

Yes  No

If no, explain: \_\_\_\_\_

A valid State of Illinois Video Gaming Terminal License has been attached?

Yes

No

If no, explain: \_\_\_\_\_

**SECTION F: LICENSE BEING SOUGHT INFORMATION**

License Fee: \$25 per video gaming machine

Video Gaming Licenses are non-transferable and are valid until December 31<sup>st</sup> of the calendar year issued.

Number of machines to be licensed: \_\_\_\_\_

**Total Fee Included with Application: \$** \_\_\_\_\_

**AFFIDAVIT**

I, first being duly sworn (or affirm), under oath deposes and say that I am an applicant for the license requested in the foregoing application; that answers to the questions asked in the foregoing application are true and correct in every detail. I further state that I have read and understand the Code of Ordinances of the Village of South Elgin as it pertains to Video Gaming Terminals (Title XI, Chapter 113) and the State of Illinois Gaming Act (ILCS 230/40). I further agree not to violate any of the laws of the State of Illinois, or any of the ordinances of the Village of South Elgin in the conduct of my place of business. I also understand that an untrue, incorrect or misleading answer given in this application is sufficient case for the refusal to grant or the revocation of any license granted pursuant to this application.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Dated: \_\_\_\_\_

For Office Use Only	
Date Received: _____	Received by: _____
Date Approved: _____	Approved by: _____
License Number and Issue Date: _____	