

Fee: \$25.00-per machine
Annual Expiration Date: December 31, 2020
VGT License No(s). _____

CITY OF SOUTH BELOIT

VIDEO GAMING LOCATION LICENSE APPLICATION

I, (we), the undersigned hereby make application for a Video Gaming Terminal License as define by the Illinois Video Gaming Act 230 ILCS 40/1, et seq and in accordance with City Ordinance 1868.

SECTION A: Information Regarding the Applicant:

Applicant's Name(s): _____

Applicant's Contact Information Telephone # _____

Cell Phone # _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Applicant's Signature(s) _____

SECTION B: Information Regarding the Liquor License Holder's Establishment

Name of Business: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

Web Site Address; _____ Email Address: _____

Telephone # _____ Fax # _____ Cell # _____

Retail Sales # _____ Federal Tax I.D. #36- _____

No. of Gaming Terminals (only five terminals allowed per establishment): _____

Owner of Building: _____ Night # _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Manager's Name: _____ Telephone # _____

In Manager's absence, person in charge _____

Telephone # _____

Section C: Information Regarding Gaming License

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): # _____

Terminal (6): # _____

Terminal (2): # _____

Terminal (7): # _____

Terminal (3): # _____

Terminal (8): # _____

Terminal (4): # _____

Terminal (9): # _____

Terminal (5): # _____

Terminal (10): # _____

Serial Numbers for each terminal:

Terminal (1): # _____

Terminal (6): # _____

Terminal (2): # _____

Terminal (7): # _____

Terminal (3): # _____

Terminal (8): # _____

Terminal (4): # _____

Terminal (9): # _____

Terminal (5): # _____

Terminal (10): # _____

FOR OFFICE STAFF ONLY

Documentation Check List

Copy of Illinois Gaming Board's Application

Copy of the license issued by the Illinois Gaming Board

City of South Beloit Liquor License number_____

City of South Beloit License expiration date_____

Approved _____ Denied_____

Authorized Staff Signature_____

Approval Date_____