



United City of Yorkville
651 Prairie Pointe Drive
Yorkville, Illinois 60560
630-553-4350

Application for Amusement Device License

Please print legibly in ink or type application.

License Term – May 1 through April 30

License Fee - \$20.00 per device

(If less than six months remain in the license period, fee is \$10.00 per device)

Type of Business: Corporation LLC Partnership Individual Sole Proprietor

Name of Corporation, LLC, Partnership, or Individual: _____

Office Address of Corporation, LLC, Partnership: _____

_____ City / State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Contact Person: _____ Email: _____

FEIN: _____ Illinois Tax Number: _____

Local Business Name (assumed or d/b/a name): _____

Local Street Address: _____ City / State: _____ Zip: _____

Mailing Address: _____ City / State: _____ Zip: _____

Local Business Phone: _____ Fax: _____

Mail renewal application to: Local Business Address Corporation, LLC, Partnership Address

Section 1: On-site General Manager:

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ State Issued: _____

Position/Title: _____ Date of Birth: _____

Percentage of Business Owned: _____



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Section 2: Business Information:

For Corporations - List each Officer, Director, and Shareholder owning more than 5% of stock.

For LLCs – List LLC Manager and all members of the LLC.

For Partnerships – List each Partner.

For Individual applicant – List individual applicant.

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ State Issued: _____

Position/Title: _____ Date of Birth: _____

Percentage of Business Owned: _____

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ State Issued: _____

Position/Title: _____ Date of Birth: _____

Percentage of Business Owned: _____

Name: Last: _____ First: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ State Issued: _____

Position/Title: _____ Date of Birth: _____

Percentage of Business Owned: _____

** Please copy this page (if needed) to list all required persons*



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Section 3: Questions regarding On-site General Manager and all Persons listed in Section 2:

Has any person listed in Section 1 and Section 2 ever been convicted of a felony? Yes No

If yes, please list the name of the violator(s), the type, date and location of said offense below:

Name of Individual: _____

Type of Violation: _____

Date of Violation: _____ Location of Violation: _____

Details of Violation: _____

Has any person listed in Section 1 and Section 2 ever been convicted of any crime or misdemeanor involving moral turpitude? Yes No

If yes, please list the name of the violator(s), the type, date and location of said offense below:

Name of Individual: _____

Type of Violation: _____

Date of Violation: _____ Location of Violation: _____

Details of Violation: _____

Has any person listed in Section 1 and Section 2 ever had an amusement device license revoked?

Yes No

If yes, please list the name of business which had said license revoked/suspended, its location, the date of the revocation/suspension, and all details of the revocation/suspension, including events leading to the revocation/suspension below:

Name of Business: _____

Address of Business: _____

State, County, City of Business: _____

Date of Revocation/Suspension: _____

Details of Violation: _____

*** Please copy this page (if needed) to list additional violations**



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Section 4: Amusement Device Rules and Regulations:

Per Yorkville City Code, section 3-4B-6, amusement device licenses can only be issued to businesses located in a B-2 Retail Commerce Business District or a B-3 General Business District.

Zoning Classification of Premises to be licensed: _____

Will alcohol be sold at the place where the applicant intends to maintain and operate amusement devices?

Yes No If yes, which class of liquor license has been or will be applied for? _____

Is the place of business where the applicant intends to maintain and operate amusement devices located within three hundred feet (300') of any school? Yes No

If yes, per Yorkville City Code, section 3-4B-6, minors are not permitted to use the amusement devices.

Is the place of business where the applicant intends to maintain and operate amusement devices located within three hundred feet (300') of any tavern? Yes No

If yes, per Yorkville City Code, section 3-4B-6, minors are not permitted to use the amusement devices.

Has the applicant acquainted himself with the rules and regulations as defined in the Yorkville City Code, Title 3, Chapter 4, Article B: Amusement Devices? Yes No

Does the applicant intend to comply with each and every provision thereof? Yes No

Has the applicant acquainted himself with the rules and regulations as defined in the Yorkville City Code, Title 3, Chapter 4, Article D: Amusement Tax? Yes No

Does the applicant intend to comply with each and every provision thereof? Yes No

Section 5: Business Premises:

Does the applicant own the premises where the amusement device(s) will be operated and maintained?

Yes No

If not, does the applicant have a valid lease? Yes No

Name and address of owner of premises:

Business Name: _____

Owner : Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____



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Section 6: List of Amusement Devices:

Per Yorkville City Code, section 3-4B-1:

“AMUSEMENT DEVICES: All mechanical devices of entertainment and games of skill or amusement operated for gain or for profit, including, but not necessarily limited to, the following: video games, other arcade games, billiards and pool tables, pinball games, virtual reality games, computerized games; and any machine which, upon the insertion of a coin, slug, token, plate or disc, may be operated by the public generally for use as a game, entertainment or amusement, whether or not registering a score. It shall include such devices as marble machines, pinball machines, skillball, mechanical grab machines, pistol ranges, baseball games, bowling games, tennis games and any and all devices referred to as arcade equipment, and all games and operations similar thereto under whatever name they may be indicated. It shall also include those amusements operated by remote control, whether or not actuated by insertion of a coin. For purposes of this article, the term "amusement devices" shall not include mechanical devices commonly known as "kiddie rides" or "carnival amusement rides" designated for child or adult amusement rides or music machines.”

Per Yorkville City Code, section 3-4D-1 and 3-4D-2: Amusement Devices are subject to the city’s amusement tax.

Number of Amusement Devices that applicant is applying for: _____

Please list each device:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____
- 17) _____
- 18) _____
- 19) _____
- 20) _____



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Waiver and Release of All Claims Form

Please read this statement carefully and be aware that by agreeing to allow the United City of Yorkville to investigate your criminal/financial background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I AUTHORIZE an investigator or other duly accredited representative of the United City of Yorkville or its agents to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the United City of Yorkville or its agents authorized above regardless of any previous agreement to the contrary.

I WAIVE and relinquish all claims I may have against the United City of Yorkville and its officers, agents, servants, and employees, as a result of participating in this background check.

I STATE that I have read and fully understand this Waiver and Release of All Claims Form.

Signature of Applicant

Date

Printed Name of Applicant

Affidavit for an Amusement Device License

State of Illinois

County of Kendall

In witness whereof, the undersigned, being duly sworn verifies that the statements contained in this Application for an Amusement Device License are true and correct, along with the acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information.

Signature of Applicant

Printed Name of Applicant

Applicant Title

Date

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20_____.

NOTARY