



United City of Yorkville
800 Game Farm Road
Yorkville, Illinois 60560
630-553-4350

Application for Video Gaming Terminal License

Please print legibly in ink or type application.

*License Term – May 1 through April 30
License Fee - \$25.00 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: Video Gaming Terminals:

Illinois Gaming Board (IGB) Location License Number: _____

(Attach copy of License)

Please list each Video Gaming Terminal (VGT) and the IGB Registration Number for each device:

- 1) _____ IGB VGT Registration # _____
- 2) _____ IGB VGT Registration # _____
- 3) _____ IGB VGT Registration # _____
- 4) _____ IGB VGT Registration # _____
- 5) _____ IGB VGT Registration # _____
- 6) _____ IGB VGT Registration # _____

Applicants must submit the following with their application:

- Copy of Illinois Gaming Board (IGB) Location License.
- Video Gaming Terminal License Fee - \$25.00 per device.

Affidavit for a Video Gaming Terminal License

State of Illinois

County of Kendall

In witness whereof, the undersigned, being duly sworn verifies that the statements contained in this Application for a Video Gaming Terminal 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