

CITY OF MORRIS
700 N. DIVISION STREET
MORRIS, IL 60450

APPLICATION FOR VIDEO GAMING DEVICE LICENSE

DATE: _____

VIDEO GAMING DEVICE LOCATION

BUSINESS NAME: _____ CONTACT: _____
BUSINESS ADDRESS: _____
BUSINESS TELEPHONE NUMBER: _____

PROPRIETOR'S INFORMATION

PROPRIETOR'S NAME: _____ CONTACT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PROPRIETOR'S PHONE NUMBER: _____

TYPE OF BUSINESS

- Licensed Retail Establishment Licensed Veterans Establishment Licensed Fraternal Establishment Licensed Truck Stop Establishment

LIST BELOW THE TRADE NAME, GENERAL DESCRIPTION, MANUFACTURER'S NAME AND SERIAL NUMBER OF EACH DEVICE TO BE LICENSED. (Use additional sheet of paper if necessary)

<u>Trade Name</u>	<u>General Description</u>	<u>Mfg. Name</u>	<u>Serial No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant

Date

FEES

_____ STATE SANCTIONED VIDEO GAMING TERMINALS @ \$25.00 EACH \$ _____
TOTAL FEES REMITTED \$ _____

ANY MISREPRESENTATION OR FALSIFICATION OF THIS APPLICATION MAY RESULT IN THE REVOCATION OF THE LICENSE AS GRANTED.

COMPLETED APPLICATION MUST ACCOMPANY REMITTED FEES TO INSURE PROPER PROCESSING OF YOUR LICENSE.

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For office use only

PROPRIETOR'S LICENSE NUMBER _____
MACHINE LICENSE NUMBERS _____