

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: _____

PROPRIETOR'S CELL PHONE NUMBER: _____

PROPRIETOR'S EMAIL ADDRESS: _____

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 @ \$100.00 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 _____