



VIDEO GAMING TERMINAL PERMIT APPLICATION

The undersigned hereby makes application for Video Gaming Terminal Permit pursuant to the 2014 Code of Ordinances. **(Please type or print plainly.)**

Name of licensed establishment (as defined in City Ordinance 3859): _____

Business address: _____

Business telephone number: _____

Gaming terminal operator's name and address: _____

Number of video gaming terminals to be placed at above establishment: _____

Has any license previously issued to you by Federal, State, or local authority been revoked? ____
If yes, list the date and reason for revocation. _____

The applicant is aware that any video gaming terminal permit issued, shall be for the business address set forth in this application only, and shall not be transferrable to another location.

Affidavit

The undersigned, being dully sworn, on oath, certifies that he/she has authority of the applicant to sign this application on behalf of the applicant and that all information supplied in this application is true and correct and that the applicant will advise the O'Fallon Liquor Commissioner, in writing, if any information supplied becomes invalid or additional information is required by the O'Fallon Liquor Code, now or as hereafter amended.

Print Name: _____

Signature and Title of Applicant

Date

State of Illinois)
) ss.
County of St. Clair)

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 20__.

Notary Public

FOR OFFICIAL USE ONLY:

Zoning classification of property:

☐ **APPROVED**

☐ **NOT APPROVED**

CDD Director signature and date: _____

Number of Terminals: _____

Fee Received: \$ 250.00 per terminal (not-for-profit) _____
\$1000.00 per terminal (for-profit) _____

Permit(s) Issued _____

Date issued: _____

Expires: _____

Jerry Mouser, City Clerk

*Attach a copy of license/registration issued by the Illinois Gaming Board under the Video Gaming Act.
