



Video Gaming Terminal Operator/ Distributor License Application

Welcome!

Dear License Holder,

Please complete and submit this application for new and renewal of the Video Gaming Terminal Operator/Distributor License. Terminal operators must complete this application within ten business days of approval of an Establishment Video Gaming License. Video Gaming Terminal Operator/Distributor License terms are from July 1st to June 30th, and Licenses are non-prorated.

Should you have any questions, please contact the Clerk's Office at (815) 439-2921 or email us at mgibas@goplainfield.com.

Applicant Requirements

- Applicant must hold a valid Illinois Gaming Board License.
- Applicant must complete an application for a Video Gaming Terminal Operator/Distributor License and pay the annual licensing fee of \$300.00 per terminal.

*All fees are non-refundable



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- Terminal/Distributor Business Name
 - _____
(Enter the name of the business as filed with the State of Illinois.)
- Terminal/Distributor D.B.A Name
 - _____
(Enter the doing business as name of the business as filed with the State of Illinois, if applicable)
- Terminal/Distributor Business Address
 - _____
(Address Line 1)
 - _____
(City) (State) (Zip)
- Terminal/Distributor Business Mailing Address
 - _____
(Address Line 1)
 - _____
(City) (State) (Zip)
- Terminal/Distributor Business Phone No.
 - _____
(Business contact number)
- Terminal/Distributor Business Email Address
 - _____
(License will be emailed to this address.)
- Terminal/Distributor Business Hours
 - _____
(List all hours of operation Monday through Sunday)
- Terminal/Distributor Illinois Business Tax Number (IBT)
 - _____
- Terminal Operator/ Distributor Primary Contact Name
 - _____
(First) (Last)
- Have any licenses issued to this Terminal Operator/ Distributor ever been revoked by any State, Federal, or local municipality?
 - Yes
 - No
- Has the Terminal Operator/ Distributor had any prior convictions?
 - Yes, _____
 - No (If yes, please disclose)



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Establishment Business Owner

Establishment Business Owner Name 1

- Name
 - _____
(First) (Last)
- Address
 - _____
(Address Line 1)
 - _____
(City) (State) (Zip)
- Phone No.
 - _____
- Email
 - _____

Establishment Business Owner Name 2

- Name
 - _____
(First) (Last)
- Address
 - _____
(Address Line 1)
 - _____
(City) (State) (Zip)
- Phone No.
 - _____
- Email
 - _____

License Information

Location for which the license is requested

- Business Name
 - _____
Where terminals are located
- Address
 - _____
(Address Line 1)
 - _____
(City) (State) (Zip)



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- Number of gaming terminals to be placed at the business above.

○ _____

(Max limit of six (6) terminals)

Verification

- Have you, the owner(s), manager(s) or partner(s) in the business completed a application for a similar license for a business/premises other than the business described above?
 - Yes
 - No
- Have any licenses previously issued to you, the owner(s), manager(s) or partner(s) been revoked by the Local Authorities, State or Federal Government?
 - Yes
 - No
- Attach proof of a valid Illinois Gaming Board License to the application.

I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE VIDEO GAMING ORDINANCE. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE. ANY FALSE OR MISLEADING INFORMATION PROVIDED HEREIN MAY RESULT IN THE DENIAL OF YOUR APPLICATION. ANY VIOLATION OF THE VIDEO GAMING ORDINANCE MAY RESULT IN FINES, REVOCATION, OR SUSPENSION OF YOUR LICENSE.

SIGNATURE

DATE