



**CITY OF SPRINGFIELD**

**VIDEO GAMING APPLICATION**

Misty Buscher, Mayor – Frank J. Lesko CMC, RMC, City Clerk

**NEW** Application: \_\_\_\_\_

**RENEWAL** Application: \_\_\_\_\_

***WARNING: THE FILING OF THIS APPLICATION DOES NOT PERMIT THE APPLICANT TO OPERATE VIDEO GAMING DEVICES. THE REQUESTED LICENSE MUST PRECEDE OPERATION OF THE BUSINESS.***

The term applicant includes the named proposed owner (ex: corporation, individual, etc.) Any partner, any majority stockholder or any manager of the proposed business.

***\$500.00 APPLICATION FEE MUST ACCOMPANY THE FILING OF THIS APPLICATION***

Application for:

- Video Gaming Terminal Operator License \$1,000.00 (any person who owns a video gaming terminal for use in the city)
- Video Terminal Establishment License \$500.00 (any person who owns any place of business in which a video gaming terminal is located in the city)
- Video Gaming Terminal Supplier License \$1,000.00 (any person who manufactures, disposes, or supplies video gaming terminals in the city who does not have a video gaming terminal operator's license)
- Video Gaming Terminal Registration (stickers) \_\_\_\_\_ (number of stickers) (\$250.00 per terminal)

**INFORMATION FOR BUSINESS**

Name of Entity (ex: individual, corporation, etc.) that holds the license: \_\_\_\_\_

Proposed Name of the Establishment (d/b/a): \_\_\_\_\_

Address of Business: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List Days and Hours of Operation: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_  
Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Gaming Terminal Company Operator Name: \_\_\_\_\_

**ATTACHMENT REQUIRED:** A full copy of the appropriate License Application (terminal operator, terminal establishment, or terminal supplier) which you filled out and submitted to Illinois Gaming Board **AND** A copy of your State Video Gaming License.

**Applicant(s) Stipulation and Agreement**

**SIGNATURES REQUIRED:** Individual applicant; all partners of a partnership; if a limited partnership any general partners and any limited partners owning more than a 50% interest in a limited partnership; all corporate officers, directors, any stockholder owning more than 50% of the corporation stock and they must indicate their official position.

**THE APPLICANT(S) HEREBY AGREE AND STIPULATE AS FOLLOWS:**

1. To be questioned or to testify under oath to all relevant and material matters and the request of the Commissioner, either before or after the issuance of the license.
2. To provide upon receipt of a lawfully authorized subpoena issued by the Commissioner, any books or records of the licensed business.
3. That the applicant, any partner, stockholder, manager or employee, when requested by the Commissioner, will permit a record of his or her fingerprints to be made for the purpose of further investigation of this application.
4. That the applicant has not accepted, received or borrowed money, or anything else of value, or accepted or received credit (other than merchandise credit, for a period not to exceed 30 days) from a manufacturer, distributor or wholesale of alcoholic liquor.
5. That the applicant, ex: individual, partner, corporate officers, or corporate stockholder, are not sworn officers or employees of the Police Department of the City of Springfield, nor do any individuals, partners, corporate officers or corporate stockholders possess police power within the State of Illinois.
6. That the applicant hereby consent to a complete background investigation of himself, partners, officers, directors, stockholders of more than 5% ownership, and managers of the applicant. It is agreed that all forms necessary to effect this purpose will be completed by persons in interest and that cooperation in such investigation be a prerequisite to the approval of the license applied for. It is understood that only information necessary and relevant to the protection of the public interest will be sought.

The applicant is aware that should this application be granted, the business location may not be transferred for at least (90) days following commencement of operation at the current location.

The undersigned applicants hereby agree and stipulate to the above provisions.

**AFFIDAVIT**

The undersigned, being duly sworn, on oath, certifies that all information supplied in this application is true and correct as to myself/ourselves, in any partners or corporation and its stockholders, as well as managers listed and that I/we will advise the Liquor Commissioner, in writing, if any information supplied becomes invalid or additional information is required by the Springfield Liquor Code now or as hereafter amended.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**AFFIDAVIT**

The undersigned, being duly sworn, hereby attest, under penalty of perjury that I/we have paid all taxes or other debts owed to the City of Springfield. I/we understand that the commissioner shall refuse to issue this license until such time as all taxes and outstanding debts are paid; the commission shall be authorized to suspend or revoke the license if I/we fail to pay any tax payable to the City or other debt owed to the City by the date it is due.

***SIGNATURES REQUIRED: Individual applicant; all partners of a partnership; if a limited partnership, any general partners and any limited partners owning more than a 50% interest in a limited partnership; all corporate officers, directors, and any stockholder owning more than 50% of the corporation stock. All officers and directors must indicate their official position.***

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| Signature _____  | Signature _____  |
| Print Name _____ | Print Name _____ |
| Title _____      | Title _____      |

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| Signature _____  | Signature _____  |
| Print Name _____ | Print Name _____ |
| Title _____      | Title _____      |

**NOTARY:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

Notary Public

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| <b>BUSINESS LICENSE USE ONLY</b>   |
| Application Recommendation: APPROVAL / DENIAL Date _____ Time _____ Business License Mgr Signature _____ |