

APPLICATION FOR VIDEO GAMING LICENSE

TO: City of Watseka
201 N. Brianna Dr.
P. O. Box 338
Watseska, IL 60970

_____, the applicant herein, does hereby request a video gaming terminal license from the City of Watseka, and provides the following information in connection therewith:

Name of Owner of Video Gaming Terminal: _____

Address of Owner of Video Gaming Terminal: _____

Date of Birth of Owner of Video Gaming Terminal: _____

Name of Establishment where Video Gaming Terminal will be located:

Name of Owner of Establishment where Video Gaming Terminal will be located:

Address of Owner of Establishment where Video Gaming Terminal will be located:

Date of Birth of Owner of Establishment where Video Gaming Terminal will be located:

Prior Convictions of Owner of Video Gaming Terminal, if any:

Prior Convictions of Owner of Establishment where Video Gaming Terminal will be located:

Place where the Video Gaming Terminal will be displayed or operated, and the business conducted at that location:

Description of Video Gaming Terminal to be covered by the license:

Evidence that a license has been issued by the Illinois Gaming Board to the owner of the Video Gaming Terminal and the owner of the Establishment is attached

Dated this _____ day of _____, 20____.

Applicant

Acknowledgement of receipt of
Application by the City of Watseka,
along with payment of license fee
of \$100.00 per machine

City of Watseka, by _____