

VILLAGE OF MATHERVILLE

APPLICATION FOR VIDEO GAMING TERMINAL

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

AGE: _____

DATE OF BIRTH: _____

NAME AND ADDRESS OF ESTABLISHMENT WHERE VIDEO GAMING TERMINAL WILL BE LOCATED. ALSO OWNER OF ESTABLISHMENT IF DIFFERENT FROM ABOVE:

ANY PRIOR CONVICTIONS OF OWNER OR ESTABLISHMENT OWNER:

DESCRIPTION OF THE VIDEO GAMING TERMINAL TO BE DISPLAYED OR OPERATED:

BUSINESS CONDUCTED AT ESTABLISHMENT:

PLEASE PROVIDE EVIDENCE THAT A LICENSE HAS BEEN ISSUED BY ILLINOIS GAMING BOARD.

APPLICATION FEE: \$25, NON-REFUNDABLE PAYABLE TO THE VILLAGE OF MATHERVILLE. FEE IS GOOD FOR 1 CALENDAR YEAR AND MUST BE PAID AGAIN AT THE 1ST OF EVERY YEAR.

FOR OFFICE USE: DATE PAID: _____ **LICENSE NUMBER:** _____