



COIN OPERATED MACHINE
VIDEO GAMING MACHINE
ANNUAL RENEWAL APPLICATION

Licenses Valid July 1 – June 30 annually

THE CITY OF STAUNTON
STAUNTON, ILLINOIS

Date: _____

Applicant's Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone #: _____ Business Phone #: _____

Cell Phone#: _____ Email Address: _____

Date of Birth: _____ DL State & #: _____

Are you a U.S. citizen? _____ Place of Birth: _____

Location of Machines (Business):

Business Name: _____

Business Address: _____

Zoning District: _____ Federal ID#: _____

Do you own the premises where the machines are located? _____ If no, do you have a valid lease with the property owner for the term of this license? _____

Are you the sole owner of the business? _____ If no, a separate application will need to be completed for each owner.

Have you ever been convicted of a felony which would disqualify you to receive this license?

Have you ever held a license for coin-operated machines or video gaming machines with the City of Staunton that was revoked for any reason? _____

Is the business at this location conducted by a manager rather than yourself? _____ If yes, an additional application will need to be completed for that person.

Please complete the attached schedule of machines, including for each such machine a description of the gaming operation as well as the machine's serial or identification number.

I, the undersigned, represent that I am authorized by _____ business to complete this application, and further swear and affirm that all information contained herein is true and correct. I understand that falsification of any information on this form shall constitute justification for the City to refuse to issue, denial renewal of, or revoke a license issued in reliance on this application.

Applicant's Signature

Date

