



VILLAGE OF VILLA PARK

11 W Home Ave
Villa Park, IL 60181
Phone (630) 834-8500

APPLICATION FOR LICENSE FOR COIN-OPERATED AMUSEMENT DEVICE(S) (A/C 10.41020)

DEVICE LICENSE FEE: \$100.00 x NO. OF DEVICES _____

****CHECK MUST ACCOMPANY COMPLETED APPLICATION.**

NAME AND ADDRESS OF PREMISES WHERE DEVICES ARE TO BE TEMPORARILY DISPLAYED

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

NAME OF APPLICANT(S): _____

SOCIAL SECURITY #: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

*IF OWNER IS A PARTNERSHIP OR A CORPORATION, PLEASE FILL OUT THE ATTACHED FORM LISTING EACH PARTNER/SHAREHOLDER.

SUPPLIER'S NAME AND TITLE: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

IMPORTANT:

A SCHEMATIC DRAWING SHOWING THE GENERAL LAYOUT OF THE DEVICES, INCLUDING SPACING BETWEEN EACH MACHINE, AISLE WIDTHS, AND TOTAL FLOOR AREA, MUST BE SUPPLIED AND ACCOMPANY THIS COMPLETED APPLICATION.

NAME OF DEVICE	SERIAL NUMBER	DETAILED DESCRIPTION	SUPPLIER

* ATTACH ADDITIONAL SHEETS, IF NECESSARY

DATES FOR WHICH TEMPORARY LICENSE IS SOUGHT (NOT TO EXCEED FOURTEEN (14) CONSECUTIVE CALENDAR DAYS).

DATES OF INSTALLATION, IF DIFFERENT FROM THE COMMENCEMENT DATE OF THE LICENSE (NOT TO EXCEED TWO (2) DAYS PRIOR TO THE COMMENCEMENT OF THE LICENSE).

I, the undersigned, have read and understand all ordinances of the Village of Villa Park regulating coin-operated amusement devices and agree to abide by all rules, regulations and ordinances of the Village including ordinances regarding coin-operated amusement devices.

 APPLICANT'S SIGNATURE

 DATE

Subscribed and sworn to before me this _____ day of _____, 20____

Seal

 Notary Public

If proprietor is a partnership, list ALL partners below.

PARTNER'S NAME:

SOCIAL SECURITY NO.:

ADDRESS:

CITY/STATE/ZIP:

PARTNER'S NAME:

SOCIAL SECURITY NO.:

ADDRESS:

CITY/STATE/ZIP:

If corporation, list every shareholder who owns or controls 5% or more of the stock of the corporation.

SHAREHOLDER'S NAME:

SOCIAL SECURITY NO.:

ADDRESS:

CITY/STATE/ZIP:

SHAREHOLDER'S NAME:

SOCIAL SECURITY NO.:

ADDRESS:

CITY/STATE/ZIP:

SHAREHOLDER'S NAME:

SOCIAL SECURITY NO.:

ADDRESS:

CITY/STATE/ZIP:

*Use separate sheet, if needed, for additional names.