

**APPLICATION FOR
VIDEO GAMING ENDORSEMENT**

CONTACT INFORMATION:

MAYOR

John Noak

CLERK

Dr. Bernice E. Holloway

TRUSTEES

Linda S. Palmiter
Jose (Joe) Chavez
Brian A. Clancy Sr.
Dave Richards
Ken Griffin
Lourdes Aguirre

VILLAGE MANAGER

Dawn Caldwell

Business Name: (Where machines are to be housed)

Address: _____

Contact Person for Business: _____

Phone/Email: _____

Name of Video Gaming Terminal Operator: _____

Address: _____

Contact Person for Video Gaming: _____

Phone/Email: _____

Use the attached information packet as a reference for answering the following questions:

Required Items for Video Gaming Endorsement	Mark if complete
Land use approval is required. Ordinance or Resolution number approving the Permitted or Special Use: _____.	
A current, valid Business License is required. Business License number: _____.	
A current, valid Liquor License is required. Liquor License number: _____.	
A copy of all documentation issued by the State of Illinois and the Illinois Gaming Board evidencing the valid and current licensure of all video gaming terminals must be attached.	
Establishments with video gaming must serve both alcohol and food. Attach a copy of the establishment menu.	

Required Items for Video Gaming Endorsement	Mark if complete
Areas where video gaming is to take place must be physically separated from the rest of the establishment. Attach a copy of the proposed floor plan showing the location of the gaming terminals. A Village walk through will be scheduled to verify the terminal locations. Please note that any alterations to the building will require a building permit and additional inspections.	
No endorsements will be issued to any person, corporation, or group that owes outstanding bills, taxes, fees, or payments to the Village or has code violations. Please verify you are current on all payments and have addressed all code violations.	

Annual Fee per Gaming Machine - \$250.00 to be split by the business owner and video gaming terminal operator.

OWNER FEE:

Number of Machines _____ x \$125 = _____ Total Due

OPERATOR FEE:

Number of Machines _____ x \$125 = _____ Total Due

Signature of Business Owner

Date

FOR OFFICE USE ONLY

Inspection Date: _____

Issue Date: _____

Fee Paid: _____

Initials: _____