

CITY OF PEORIA, ILLINOIS

LICENSE APPLICATION – GENERAL (VIDEO GAMING)

1. Type of license requested: _____

2. Business name: _____

Mailing address: _____

_____ City State Zip

Phone number: _____ E-mail: _____

3. List the owner/applicant information. For a proprietorship or partnership: list the information for all owners. For a corporation, list the information for **each officer, director, manager; also any stockholder owning or controlling the voting rights to more than 5% of the stock of the corporation**, add additional sheets if necessary. NOTE: This section must be fully completed. One or more of these persons must sign the application.

Name: _____ Title: _____

Address: _____

Street City, ST Zip

Driver's License: _____ State: _____

Home Phone Number: _____ Date of Birth: _____

Name: _____ Title: _____

Address: _____

Street City, ST Zip

Driver's License: _____ State: _____

Home Phone Number: _____ Date of Birth: _____

Name: _____ Title: _____

Address: _____

Street City, ST Zip

Driver's License: _____ State: _____

Home Phone Number: _____ Date of Birth: _____

4. Corporation Name: _____

5. Date of Incorporation: _____

6. Illinois Sales Tax #: _____ 6. Peoria Taxpayer #: _____

7. Dates of Sale: _____ 8. Product for Sale: _____

10. Distributor of the machines _____ 11. # of Gaming Machines: _____

12. Business address of location where license is requested: _____

13. Has anyone listed in #3 on the reverse ever been convicted of a criminal offense or ordinance violation (other than traffic or parking offense) in any jurisdiction? _____

14. If yes, list name of person, offense, date of conviction, and place where convicted:

I hereby agree to operate the above described business in accordance with all regulations and conditions imposed by the laws of the State of Illinois and the laws, ordinances and regulations of the City of Peoria. I understand any false statements could result in the revocation or denial of license. I understand I cannot operate prior to receiving and posting the license. (Person who signs below must be listed in #3.)

Signature of Applicant: _____ Date: _____

E-mail: _____

Signature of Applicant: _____ Date: _____

E-mail: _____

Signature of Applicant: _____ Date: _____

E-mail: _____

Please note: This application will be considered complete only when all sections have been completed in their entirety. This application must be completed and submitted annually to this office along with the license fee and if required: bond and lease, contract, or other document showing proof of interest in the premises.

Video Gaming applicants: Must provide copy of State of Illinois Gaming License(s); applicant must be 21 years of age or older

Transient Merchant applicants: Must provide copy of Illinois Department of Revenue registration.

Make checks payable to: City of Peoria
Mail or deliver to: Accounts Receivable Office, 419 Fulton Street, Room 111
Peoria, IL 61602
Questions: (309) 494-8588 or email to: AR@peoriagov.org

This application is to be used for the following license types:

Amusement Arcade	Hotel/Motel	Retail Gasoline Dealer
Auctioneer	House Mover	Sale of Concealable Weapons
Automatic Amusement	Mobile Home Court	Second Hand Dealer
Bowling Lanes	Music Box	Sewer Connector Contractor
Carnival	Outdoor Advertising	Sidewalk & Driveway Contractor
Children's Hospital	Parking Lot Paving Contractor	Theatre
Cigarette	Pool Table (not coin operated)	Transient Merchant
Dance Hall	Restaurant	Video Gaming
Other _____		

OFFICE USE ONLY

Corporation Counsel: _____ Date: _____

Fire Chief: _____ Date: _____

Inspections Director: _____ Date: _____

Police Records Clerk: _____ Date: _____

Other: _____ Date: _____