

Office Use ONLY
Applicant/Licensee Name:
DBA:
Terminals:



VIDEO GAMING LICENSE APPLICATION

For questions or further information, contact:

Office of Local Liquor Control
Commissioner

Mayor Robert Cervantes
Liquor Commissioner
121 – 11th Street
Silvis IL 61282

Phone (309) 792-9181

rcervantes@silvisil.org

Office of Chief of Police

Gene Karzin
Police Chief
600 Illini Drive
Silvis IL 61282

Phone (309) 792-1841

gkarzin@silvispd.org

OFFICE USE ONLY: DATE PAID: _____ Received by: _____ License #: _____

Payment method: CASH _____ CHECK/MONEY ORDER # _____ CCP _____

Diagram Certificate of Liquor Liability Insurance IL Video Gaming Establishment License

POLICE CHIEF APPROVAL: _____ DATE: _____
Police Chief's Signature

LIQUOR COMMISSIONER APPROVAL: _____ DATE: _____
Liquor Commissioner's Signature



SILVIS POLICE DEPARTMENT

600 ILLINI DRIVE ◊ SILVIS IL 61282
PH (309) 792-1841 ◊ FAX (309) 792-5488

GENE KARZIN ◊ POLICE CHIEF

CITY OF SILVIS VIDEO GAMING LICENSE APPLICATION

General Information

Name of Applicant/
Licensee _____
(Owning entity such as Sole Proprietor/Partnerships/Corporations/LLC/LLP)

Business/Trade Name
(DBA) _____

Mailing Address _____
City _____ State _____ ZIP _____

Address of Premises
to be Licensed _____
(Street, Suite No., Building No.)

Phone # of Premises
to be Licensed _____

Principle Type of
Business Engaged in _____

Management Information

Name (First, MI, Last) _____

Title _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Name (First, MI, Last) _____

Title _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____



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Ownership Information

Check appropriate box:

Individual(s)/Sole Proprietor(s)
(list individual(s)/Sole Proprietor(s) below)

Partnership/Association
(list Partners/Association Members below)

Corporation
(list all persons, firms, organization owning of record
5% or more or the corporation's stock below)

Limited Liability Company
(list Partners/ Members below)

Name (First, MI, Last) _____

Title _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Name (First, MI, Last) _____

Title _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Name (First, MI, Last) _____

Title _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Name (First, MI, Last) _____

Title _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

If more space is needed, attach additional sheet(s) in the same format.



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Criminal History Information

Has any officer, manager, director, shareholder, owner, or partner been arrested, charged with a crime, been convicted of a crime, jailed, or placed on probation?

(You must answer "Yes," if any of the above have occurred, **EVEN IF CHARGES WERE DISMISSED, DEFERRED, OR CHANGED**)

Yes No

(If answer is "Yes," you must complete the section below)

<u>Name</u>	<u>Offense Date</u>	<u>Offense</u>	<u>City & State</u>	<u>Disposition</u>

Video Gaming Terminal Information

Number of video gaming terminals (max of 6 per business) _____

Location of where the video gaming terminals are to be kept or displayed _____

**On the following page, draw a diagram displaying where the machines will be located in the establishment.



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Diagram of Video Gaming Terminals located at: _____
(Business Name & Address)

A large grid of 20 columns by 25 rows of small squares, intended for drawing the location of video gaming terminals on a map or diagram.



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STATEMENT OF RECEIPT OF VIDEO GAMING ACT

Name of Applicant/
Licensee _____
(Owning entity such as Sole Proprietor/Partnerships/Corporations/LLC/LLP)

Business/Trade Name
(DBA) _____

Address of Premises
to be Licensed _____
(Street, Suite No., Building No.)

Phone # of Premises
to be Licensed _____

I, _____, Video Gaming License Applicant for the above
(Name of owner, officer, shareholder, or partner)
named establishment, hereby acknowledge receipt of Chapter 14, Article VIII – Video Gaming Act of
the Silvis Code of Ordinances.

(Signature of owner, officer, shareholder, or partner)

Title _____ Date _____

***Please make additional copies for each owner, officer, shareholder or partner to complete ***



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VIDEO GAMING LICENSE APPLICATION CHECK LIST

Completed Application

Diagram of video gaming terminal(s) location

Statement of Receipt of Video Gaming Act
(*for each owner, officer, shareholder or partner*)

Copy of State of Illinois Video Gaming Establishment License

Current City of Silvis Liquor License

Current Certificate of Liquor Liability Insurance

Video Gaming License Fee
(\$250.00 per terminal; max of 6 terminals)

Remit the above documentation & payment to:

Mail: City of Silvis
Billing & Licensing Department
121 – 11th Street
Silvis IL 61282

Phone: (309) 792-9181
Fax: (309) 792-9726

Email: jmacias@silvisil.org