

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:

- | | |
|---|---|
| <input type="checkbox"/> Individual(s)/Sole Proprietor(s)
(list individual(s)/Sole Proprietor(s) below) | <input type="checkbox"/> Partnership/Association
(list Partners/Association Members below) |
| <input type="checkbox"/> Corporation
(list all persons, firms, organization owning of record
5% or more or the corporation's stock below) | <input type="checkbox"/> 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) _____

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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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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