Office Use ONLY Applicant/Licensee N	lame:
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

Office of Chief of Police

Mark VanKlaveren Police Chief 600 Illini Drive Silvis IL 61282

Phone (309) 792-1841

mvanklaveren@silvispd.org

rcervantes@silvisil.org

OFFICE USE ONLY: DATE PAID:		Received by:	License #:
	Payment method:	CASH CHEC	ck/MONEY ORDER# CCP
	Diagram	Certificate of Liquor Liability Insuranc	ce IL Video Gaming Establishment License
POLICE CHIEF APPRO	IVAL:		DATE:
		Police Chief's Signature	
LIQUOR COMMISSIO	NER APPROVAL:		DATE:
•		Liquor Commissioner's Signat	ture



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MARK D. VANKLAVEREN ◊ 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			
	State _		
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)			
	State _		
City	State _		



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Ownership Information

Check appropriate box:

Individual(s)/Sole Proprietor(s) (list individual(s)/Sole Proprietor(s) below) Corporation (list all persons, firms, organization owning of record 5% or more or the corporation's stock below)		Partnership/Association (list Partners/Association Members below) Limited Liability Company (list Partners/ Members below)		
Name (First, MI, Last) __				
Title _.		Date of Birth		
Address _				
City _		State	ZIP	
Name (First, MI, Last)				
			Date of Birth	
			ZIP	
Name (First, MI, Last) _.				
			Date of Birth	
City _		State	ZIP	
Name (First, MI, Last)				
			Date of Birth	
Address				

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



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Criminal History Information

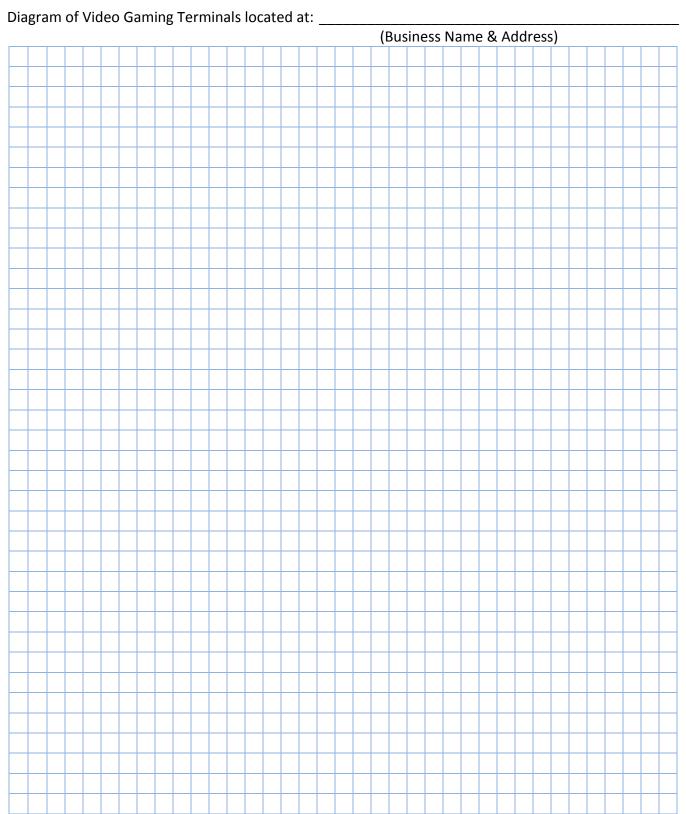
Has any officer, manago crime, (You must answer "Yes," if a	been convicted	of a crime, jailed	d, or placed on prob	ation?
	Y	es	No	
(If answer is "Yes," you must complete the section below)				
<u>Name</u>	Offense Date	<u>Offense</u>	City & State	<u>Disposition</u>
Video Gaming Terminal Information				
Number of video gaming to	erminals (max o	of 6 per business)	
Location of where the vide	o gaming termi	inals are to be ke	ept 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	
(Street, Suite No., Building No.)	
Phone # of Premises to be Licensed	
I,, Video Gaming License Applicant for the ab	oove
named establishment, hereby acknowledge receipt of Chapter 14, Article VIII – Video Gaming A	ct of
the Silvis Code of Ordinances.	Lt OI
(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 (\$25.00 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