

Renewal  New

License No.: \_\_\_\_\_

Business ID No.: \_\_\_\_\_



Fee: \$250.00

### Amusement Facility License Application Municipal Code, Chapter 36, Section 36.02

It shall be unlawful to operate an amusement hall, dance club, bounce house, indoor-trampoline facility, indoor rock-climbing gym, movie theater, ice or roller-skating rink/alley/field, bowling alley (or bowling lanes), theater, or any other facility enclosed within a building which is used for athletic, amusement or recreational purposes with seating or occupancy limits in excess of 100 persons, without first obtaining an annual license to operate said facility. The license fee shall be \$250.00 per license year or portion thereof. *In addition to the Amusement Facility License, the premises shall be required to obtain and maintain a valid Fire Life Safety License.*

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT**

**Return ORIGINAL completed application with fee payable to the "City of DeKalb to:**

City of DeKalb

Attention: Ruth Scott, City Manager's Office

200 S. Fourth Street

DeKalb, Illinois 60115

Application is hereby made for an Amusement Facility license for the period of May 1 through April 30.

**BUSINESS INFORMATION (Please make any necessary changes – type or print clearly)**

Business Name:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Corporation Name:			
Building Address:			
License Issued to:			
Principal Business conducted at this location:			

**NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY**

Are there any liens of the City of DeKalb against the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you owe money to any other city department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has applicant(s) ever been convicted of any violation of the Gaming Laws of the State of Illinois or any other state or any Federal Gaming Laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS**

	NAME	MAILING ADDRESS
Business Owner & Phone Number		Address:
		City, State, Zip Code:
Vending Machine Company		Address:
		City, State, Zip Code:

**LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED**

Mail Correspondence (including renewal applications) to:	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Business Manager	
Mail copy of license to different address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide address to send copy to:
Address:			
City, State, Zip Code:			

Please describe in detail the type of business this is:

**SEE OTHER SIDE**

**Additional Information Required:**

- *For new applicants only*, please include a site plan with this application.
- Include a copy of your current Fire Life Safety License.

**I HEREBY AGREE TO THE FOLLOWING:**

The undersigned hereby states that information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, claim of liability, or other relief, asserted against the City resulting from the issuance of this license.

**SIGNATURE:**

**Date:**

**Print Name and Title:**

**FOR CITY USE ONLY**

Date Payment Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: