

Renewal  New  
 License No.: \_\_\_\_\_  
 Business ID No.: \_\_\_\_\_



Fee: \$500.00  
 (for an unlimited number of devices)

## Amusement Device (Arcade) License Application Municipal Code, Chapter 36

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO 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 Device (Arcade) license for the period of May 1 through April 30.

**BUSINESS INFORMATION (Please type or print clearly)**

Corporation Name:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Business Name (DBA):	
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		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	<input type="checkbox"/> Vending Machine Company
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:			

Are the device(s) owned by the applicant?      Yes     No

If no, list the name and address of owner(s) and indicate number owned by each: \_\_\_\_\_

**DESCRIPTON OF MACHINES/DEVICES AND MANUFACTURERS**

**(If necessary, use a separate sheet of paper for descriptions of more machines.)**

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**STATEMENT OF TRUTH**

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:**

<b>Print Name and Title:</b>	<b>Date:</b>
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**FOR CITY USE ONLY**

Date Payment Received: _____	
Fee Paid: _____	
Check #: _____	Credit Card: <input type="checkbox"/> Cash: <input type="checkbox"/>

**\*\*THIS FORM MUST ACCOMPANY APPLICATION\*\***

EMERGENCY CONTACT INFORMATION - BUSINESS	DEKALB POLICE & FIRE DEPARTMENT INFORMATION	
BUSINESS NAME: <u>Star Worlds Arcade</u> BUSINESS ADDRESS: <u>1234 E. Lincoln Hwy.</u> PHONE (at business): (____) _____ DATE OF UPDATE: _____	To be completed by Fire Prevention Officer:	
	STANDPIPE LOCATION:	
	KNOX BOX LOCATION:	
<b>EMERGENCY CONTACT INFORMATION</b>	OTHER FIRE DEPARTMENT INFORMATION:	
*EMERGENCY CONTACT PERSONNEL WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST.*		
<b>CONTACT #1</b>		
NAME: _____ HOME PHONE: (____) _____ CELL PHONE/PAGER: (____) _____		
<b>CONTACT #2</b>	<b>ADDITIONAL INFORMATION</b>	
NAME: _____ HOME PHONE: (____) _____ CELL PHONE/PAGER: (____) _____	ALARM COMPANY NAME:  ALARM COMPANY PHONE NUMBER: (____) _____	
<b>CONTACT #3</b>	<b>BUSINESS HOURS:</b>	
NAME: _____ HOME PHONE: (____) _____ CELL PHONE/PAGER: (____) _____	MONDAY      OPEN: _____      CLOSE: _____ TUESDAY     OPEN: _____      CLOSE: _____ WEDNESDAY   OPEN: _____      CLOSE: _____ THURSDAY    OPEN: _____      CLOSE: _____ FRIDAY        OPEN: _____      CLOSE: _____ SATURDAY     OPEN: _____      CLOSE: _____ SUNDAY        OPEN: _____      CLOSE: _____	
<b>CONTACT #4</b>	<b>FOR POLICE DEPARTMENT USE ONLY</b>	
NAME: _____ HOME PHONE: (____) _____ CELL PHONE/PAGER: (____) _____	<input type="checkbox"/> NEW STREET <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ESTABLISHED BUSINESS/NEW ADDRESS <input type="checkbox"/> NEW BUSINESS/ESTABLISHED ADDRESS <input type="checkbox"/> NEW BUSINESS/NEW ADDRESS <input type="checkbox"/> BUSINESS CLOSED	
	DATE RECEIVED: _____ BY TC#: _____ DATE CAD MODIFIED: _____ BY TC#: _____	
<b>If you have any questions about this form and the information on it, please contact the DeKalb Police Department at (815) 748-8400 or the City Manager's Office at (815) 748-2090.</b>		