

Renewal  New

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

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



Fee: \$25.00 per device

**Late Fee: \$50.00 per device for each month submitted after April 30<sup>th</sup>**

**AMUSEMENT DEVICE LICENSE APPLICATION**  
Municipal Code, Chapter 36

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**

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

City of DeKalb  
Attention: Ruth Scott, City Manager's Office  
200 S. 4<sup>th</sup> Street  
DeKalb, IL 60115

**Application is hereby made for an Amusement Device 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:			

**LICENSE WILL NOT BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY**

Are there any liens of the City of DeKalb against the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe money to any other city department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

	NAME	MAILING ADDRESS
<b>Business Owner &amp; Phone Number</b>		Address:
		City, State, Zip Code:
<b>Vending Machine Company</b>		Address:
		City, State, Zip Code:

**LICENSE WILL BE MAILED TO THE BUSINESS ADDRESS IT'S TO BE POSTED IN**

Mail Correspondence to (including renewal applications):	<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:			

**TO BE COMPLETED BY APPLICANT**

# of Devices	_____
<i>(jukeboxes are not included)</i>	
x	\$25.00
<hr/>	
= Amount Enclosed:	\$ _____

Is/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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF DEVICE(S): Description, mechanical features and name of manufacturer of device(s) on hand at time of application.**

Description	Mechanical Features	Name of Manufacturer

If necessary, please use a separate sheet of paper for descriptions of more machines.

**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:** \_\_\_\_\_

**Date Entered into BS&A:** \_\_\_\_\_

**Invoice No.:** \_\_\_\_\_

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

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