



Fee: \$500.00 per terminal  
Annual Due Date: on or before December 31  
Registration No. \_\_\_\_\_

## VILLAGE OF HUNTLEY

### VIDEO GAMING LOCATION LICENSE APPLICATION & RENEWAL

I, (we), the undersigned hereby make application for a Video Gaming Terminal License as define by the Illinois Video Gaming Act 230 ILCS 40/1, et seq and in accordance with the Village of Huntley Code of Ordinance Title XI; Chapter 110.60.

#### SECTION A: Information Regarding the Applicant:

Applicant's Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Contact Information Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Signature(s)

\_\_\_\_\_

#### SECTION B: Information Regarding the Liquor License Holder's Establishment

Name of Business: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_

No. of Gaming Terminals (only five terminals allowed per establishment): \_\_\_\_\_

Owner of Building: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

In Manager's absence, person in charge \_\_\_\_\_

Telephone # \_\_\_\_\_

### Section C: Information Regarding Gaming License

Illinois State Gaming Board Terminal License Numbers for each terminal:

Terminal (1): # \_\_\_\_\_

Terminal (4): # \_\_\_\_\_

Terminal (2): # \_\_\_\_\_

Terminal (5): # \_\_\_\_\_

Terminal (3): # \_\_\_\_\_

Serial Numbers for each terminal:

Terminal (1): # \_\_\_\_\_

Terminal (4): # \_\_\_\_\_

Terminal (2): # \_\_\_\_\_

Terminal (5): # \_\_\_\_\_

Terminal (3): # \_\_\_\_\_

#### FOR OFFICE STAFF ONLY

#### Documentation Check List

Copy of Illinois Gaming Board's Application

Copy of the license issued by the Illinois Gaming Board

Village of Huntley Liquor License number \_\_\_\_\_

Village of Huntley Liquor License expiration date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Authorized Staff Signature \_\_\_\_\_

Approval Date \_\_\_\_\_