City of Streator

204 South Bloomington Street • Streator, Illinois 61364 • Phone (815) 672-2517 •

Fax (815) 672-7566



APPLICATION FOR VIDEO GAMING TERMINAL PERMIT

	Date:
dersign	ed hereby certifies (certify) to the following facts:
Legal l	Name of Applicant:
Location	on of place of business where Video Gaming Terminal(s) are placed:
a.	(exact address by street and number)
b.	(telephone number)
Numbe	er of Video Gaming Terminals to be operated: Each Video Gaming Terminal requires a permit
Name	of Licensed Video Gaming Terminal Operator:
Have y	ou made application for a similar permit for premise other than described in this location? If so, give date, location of premise and disposition of application:

- A copy of a valid Illinois Gaming Board License Terminal Operator License a.
- A copy of a valid Illinois Gaming Board License Gaming Establishment License b.
- A copy of a valid Illinois Liquor License c.
- A twenty-five dollar (\$25.00) non-refundable registration fee per permit d. * Each Video Gaming Terminal requires a permit

FOR SIGNATURE BY INDIVIDUAL APPLICANTS:

		AFFIDAVIT	
State of Illinois)) SS.		
County of LaSalle)		
Streator or the Law business described h	s of the State of Illinois or aerein and that the statemen	applicant will not violate any of the ord of the United States of America in the cts contained in this application are true an expresentations submitted may be cause for	conduct of the place of ad correct to the best of
		Signature	Applicant
Subscribed and Swo	rn to Before Me, 20	Signature	
Notary Public			
FOR SIGNATURE	BY CORPORATE APPLIC	CANTS:	
State of Illinois	`	AFFIDAVIT	
State of Illinois) SS.		
County of LaSalle)		
violate any of the or America in the con application are true	dinances of the City of Stre duct of the place of busin	poration in whose name this application ator or the Laws of the State of Illinois or less described herein and that the statem our knowledge and belief (any intention).	of the United States of nents contained in this
			President
(Corporate Seal)		Signature	
		Signature	Secretary
Subscribed and Swo		It is imperative that this appli PRESIDENT and SECRETA on whose behalf this applica corporate seal be affixed. If	RY of the corporation ation is made, and the
Notary Public		seal, so state.	1