



City of Streator
 204 South Bloomington Street
 Streator, Illinois 61364
 Phone: (815) 672-2517
 Fax: (815) 672-7566

Permit #: _____

FEES: \$250.00 per gaming unit

VIDEO GAMING TERMINAL PERMIT APPLICATION

Date: _____

The undersigned hereby certifies (certify) to the following facts:

1. Legal Name of Applicant: _____

2. Location of place of business where Video Gaming Terminal(s) are placed:

a) _____
(exact address by street and number)

b) _____
(telephone number)

3. Number of Video Gaming Terminals to be operated: _____

4. Name of Video Gaming Terminal Operator: _____

5. Have you made application for a similar permit for premises other than described in this location? YES NO
 If YES, give date, location of premises and disposition of application: _____

6. Has any license previously issued to you by State, Federal or Local authorities been revoked? YES NO
 If YES, state reasons therefore and date of revocation: _____

Please submit the following with this application:

- a. A copy of a valid Illinois Gaming Board License—Terminal Operator License
- b. A copy of a valid Illinois Gaming Board License—Gaming Establishment License
- c. A copy of a valid Illinois Liquor License
- d. A two hundred and fifty dollar (\$250.00) non-refundable registration fee **per** gaming unit.

TOTAL FEE: _____

CHECK #: _____

FOR SIGNATURE BY INDIVIDUAL APPLICANTS:

AFFIDAVIT

State of Illinois)
) SS.
County of LaSalle)

The undersigned swears (or affirms) that the applicant will not violate any of the ordinances of the City of Streator or the Laws of the State of Illinois or the United States of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my knowledge and belief (*any intentional misrepresentations submitted may be cause for denial of the permit*).

Signature Applicant

Subscribed and Sworn to Before Me
this _____ day of _____, 20____

Notary Public

FOR SIGNATURE BY CORPORATE APPLICANTS:

AFFIDAVIT

State of Illinois)
) SS.
County of LaSalle)

The undersigned swears (or affirms) that the corporation in whose name this application is being made will not violate any of the ordinances of the City of Streator or the Laws of the State of Illinois or the United States of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief (*any intentional misrepresentations submitted may be cause for denial of the permit*).

Signature President

(Corporate Seal)

Signature Secretary

Subscribed and Sworn to Before Me
this _____ day of _____, 20____

It is imperative that this application be signed by the **PRESIDENT** and **SECRETARY** of the corporation on whose behalf this application is made, and the corporate seal be affixed. If the corporation has no seal, so state.

Notary Public