

CITY OF MORRIS  
700 N. DIVISION STREET  
MORRIS, IL 60450

**APPLICATION FOR VIDEO GAMING DEVICE LICENSE**

DATE: \_\_\_\_\_

**VIDEO GAMING DEVICE LOCATION**

BUSINESS NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

**PROPRIETOR'S INFORMATION**

PROPRIETOR'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROPRIETOR'S PHONE NUMBER: \_\_\_\_\_

PROPRIETOR'S CELL PHONE NUMBER: \_\_\_\_\_

PROPRIETOR'S EMAIL ADDRESS: \_\_\_\_\_

**TYPE OF BUSINESS**

Licensed Retail  
Establishment

Licensed Veterans  
Establishment

Licensed Fraternal  
Establishment

Licensed Truck Stop  
Establishment

LIST BELOW THE TRADE NAME, GENERAL DESCRIPTION, MANUFACTURER'S NAME AND SERIAL NUMBER OF EACH DEVICE TO BE LICENSED. (Use additional sheet of paper if necessary)

<u>Trade Name</u>	<u>General Description</u>	<u>Mfg. Name</u>	<u>Serial No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FEES**

\_\_\_\_\_ STATE SANCTIONED VIDEO GAMING TERMINALS @ \$200.00 EACH \$ \_\_\_\_\_  
TOTAL FEES REMITTED \$ \_\_\_\_\_

**ANY MISREPRESENTATION OR FALSIFICATION OF THIS APPLICATION MAY RESULT IN THE REVOCATION OF THE LICENSE AS GRANTED.**

**COMPLETED APPLICATION MUST ACCOMPANY REMITTED FEES TO INSURE PROPER PROCESSING OF YOUR LICENSE.**

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**For office use only**

PROPRIETOR'S LICENSE NUMBER \_\_\_\_\_  
MACHINE LICENSE NUMBERS \_\_\_\_\_