

**LOCAL APPLICATION FOR VIDEO GAMING TERMINAL
CITY OF AUBURN, (SANGAMON COUNTY) ILLINOIS**
324 West Jefferson Street Phone: (217) 438-6151
Auburn, IL 62615

FOR OFFICE USE ONLY	
Date Received:	
Fees Received:	
Date Approved:	
State License Number:	
City License Number:	

WARNING: The filing of this application does not permit applicant to take delivery of a Video Gaming Terminal until approval by the City of Auburn is granted and a new license is actually issued.

OWNER OF VIDEO GAMING TERMINAL: (ATTACH ADDITIONAL NAMES AS NEEDED)

Name: _____ Date of Birth: _____
DBA: _____ Age: _____
Street Address: _____
Mailing Address: _____
City/ST/Zip: _____
Phone: (_____) _____ - _____
Driver's License Number _____

Illinois Gaming Board License: **(COPY REQUIRED)**

Yes No

Have you ever been convicted of a felony or misdemeanor?

Yes No

If Yes, describe the offense, date of conviction, and outcome

OWNER OF ESTABLISHMENT WHERE VIDEO GAMING TERMINAL IS BEING PLACED:

Name: _____ Date of Birth: _____
DBA: _____ Age: _____
Street Address: _____
Mailing Address: _____
City/ST/Zip: _____
Phone: (_____) _____ - _____
Driver's License Number _____

Illinois Gaming Board License: **(COPY REQUIRED)**

Yes No

Have you ever been convicted anywhere of a felony or misdemeanor? (excluding traffic offenses)

Yes No

If Yes, describe the offense, date of conviction, and outcome

LOCATION WHERE VIDEO GAMING TERMINAL WILL BE DISPLAYED:

Name of Establishment: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ - _____

TYPE OF ESTABLISHMENT: Liquor Fraternal Veterans Truck Stop

MACHINE DESCRIPTION, SERIAL NUMBER, AND IGT NUMBER: *(\$25.00 per machine)*

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

6. _____ \$ _____

Total Due: \$ _____ **

**PAID BY: CASH CHECK: # _____ MONEY ORDER