

**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:

(\$25.00 per machine)

- | | | |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
| 4. | _____ | \$ _____ |
| 5. | _____ | \$ _____ |

Total Due: \$ _____**

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