



APPLICATION FOR VIDEO GAMING TERMINAL LICENSE(S)

Submit with nonrefundable \$125 fee per terminal to the City Clerk for Licensing

www.troyil.us

Everything Within Reach

Please **PRINT** using **ONLY BLUE or BLACK INK**

In Accordance with the provisions of the Ordinance of the City of Troy relative to Video Gaming, the undersigned hereby petitions the City of Troy to grant _____ (number of) Video Gaming Licenses for use in the City of Troy.

APPLICANT INFORMATION:

Full Name of Applicant: _____
 Full Address of Applicant: _____
 Phone Number: _____ Cell Phone Number: _____
 Email Address: _____

BUSINESS INFORMATION:

Name of Business where Video Game Terminals are/will be Located: _____
 Address of Business: _____ Business Phone Number: _____
 Type of Business: _____ Owner of Video Gaming Terminal(s): _____
 Owner of Establishment where Video Games are/will be Located: _____
 Full Address of Business Manager/Agent: _____
 Manager/Agent Phone Number: _____ Email Address: _____

I have attached a list of Video Gaming Terminal Identification information.
 I have attached evidence that licenses have been issued by the Illinois Gaming Board to both the owner of the terminal and owner of the establishment.
 I certify that I have obtained Liquor License # _____ (number in lower left corner of Liquor License).
 I have filed an affidavit with my liquor license application disclosing any outstanding debt owed to the City of Troy or State of Illinois. --OR-- I certify that I was not required to file an affidavit with Illinois because I have no outstanding debt to the City of Troy or State of Illinois.
 I have provided a copy of the food service sanitation permit issued by Madison County Health Department or provided documentation of compliance with county and state health requirements in order to obtain my liquor license.

PAYMENT AND LICENSE:

I have enclosed a check / money order in the amount of \$ _____ paid to the City of Troy for (#) _____ Video Gaming Terminal Licenses (\$125/terminal).
 OR Please mail the completed license to my business address.
 I prefer to pick up the completed license.

1 = \$125
2 = \$250
3 = \$375
4 = \$500
5 = \$625
6 = \$750
10 = \$1250

Signature of Applicant: _____ Date: _____
 I understand the Mayor, at any time, may notify any licensee within five business days of any charge of a violation of any of the provisions of this section or the Illinois Video Gaming Act in connection with the operation of any Video Gaming terminal (Section 113.01 of the Code of Ordinances). After a hearing presided over by the Mayor, the Mayor may order the revocation of the license upon a finding that the violation has occurred, and the license shall thereupon be terminated.

OFFICE USE ONLY Date Paid: _____ Amount: _____ Initial: _____
 License #: _____ Cash / Check# / M/O: _____ Form Revised 03/2022