



APPLICATION FOR VIDEO GAMING TERMINAL LICENSE(S)

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Everything Within Reach

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.

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.

OR Please mail the completed license to my business address.

I prefer to pick up the completed license.

1 = \$250
2 = \$500
3 = \$750
4 = \$1000
5 = \$1250
6 = \$1500
10 = \$2550

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 terminate.

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