



CITY OF DECATUR
 FINANCE DEPARTMENT
 #1 GARY K ANDERSON PLAZA
 DECATUR IL 62523
 LICENSING – (217) 424-2709

FEE:
 \$40 per Amusement Device

 License Expires February 1

AMUSEMENT DEVICE LICENSE APPLICATION

Select one: Corporation LLC Partnership Individual Owner

PLEASE PRINT

DEVICE LOCATION INFORMATION

Business Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Local Contact _____ Phone # _____

Email address: _____

APPLICANT'S INFORMATION

Name _____

Address _____
Street City State Zip Code

Total Number of devices to be licensed as listed below _____

<u># of Machines</u>	<u>Type of Machines</u>	<u>Name and Address of Machine Owner</u> <i>(Complete Address please)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use reverse side of application for additional machines)

_____/_____
 Signature of Applicant Title

FOR CITY OF DECATUR USE ONLY		New _____ Renewal _____ Additional _____
_____	_____	Amount Paid \$ _____
City Manager or Designee	Date	Date Paid _____
		License No. _____
		License Issued _____