



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

FEE: \$500 per terminal  
 License Expires December 31

**VIDEO GAMING LICENSE APPLICATION**

**Purpose of application:** New Renewal Additional Machines  
**Description of Business Organization:** Corporation LLC Partnership Individual Owner  
**State Establishment Classification:** Retail Fraternal Veterans Truck Stop Large Truck Stop

**Type of City Liquor License:** \_\_\_\_\_

**Number of video gaming terminals to be licensed** \_\_\_\_\_

**PLEASE PRINT**

Name \_\_\_\_\_

Doing Business As \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Email Address \_\_\_\_\_

Local Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
First MI Last

**Names and Addresses of Owner, Partners, or Stockholders (5%+), Officers/Directors of Corporation:**  
 (use additional sheets of paper if necessary)

Name \_\_\_\_\_ Title \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_ Title \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street City State Zip Code

Name \_\_\_\_\_ Title \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street City State Zip Code

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<b>FOR CITY OF DECATUR USE ONLY</b>		New _____ Renewal _____ Additional _____
_____		Amount Paid \$ _____
<b>City Manager or Designee</b>	<b>Date</b>	Date Paid _____
ILLINOIS STATE GAMING LICENSE		License No. _____
Yes	No _____	License Issued _____

