



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

FEE: \$250 per terminal  
 License Expires:  
 December 31<sup>st</sup>

**VIDEO GAMING LICENSE APPLICATION - TERMINAL OPERATOR**

**Purpose of application:** New Renewal Additional Machines  
**Description of Business Organization:** Corporation LLC Partnership Individual Owner

**Number of video gaming terminals to be licensed at this establishment** \_\_\_\_\_

**at the address:** \_\_\_\_\_  
 Street City State Zip Code

**PLEASE PRINT  
 Terminal Operator:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Corporation Name, LLC Name, Partnership Name or First, MI, & Last Name

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

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

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

**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 _____

