



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

License Expires  
 December 31<sup>st</sup>

**VIDEO GAMING LICENSE APPLICATION - TERMINAL OPERATOR  
 ONLINE APPLICATION REQUIRED FORM**

**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

**THE UNDERSIGNED, BEING FIRST DULY SWORN, ON OATH DEPOSES AND SAYS:**

*(Please initial after each statement)*

1. The terminal operator is not in arrears in any taxes, fees, or bills due to the City of Decatur or State of Illinois. \_\_\_\_\_
2. The terminal operator agrees to observe all requirements of Chapter 54.1 of the City Code and abide by all other ordinances and laws of the State, Federal, and Local Government. \_\_\_\_\_
3. The Terminal Operator is not licensed as a video gaming terminal manufacturer or distributor or does not own, manage, control any licensed establishments. \_\_\_\_\_
4. Does hereby state under penalties of perjury that an online application required form was submitted with all requisite information and documents and that all statements and information provided are true and correct. \_\_\_\_\_

**PLEASE PRINT**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
First MI Last

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

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_

STATE OF ILLINOIS )  
 ) SS.  
 COUNTY OF MACON )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

(Seal)