



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 - ESTABLISHMENT  
 ONLINE APPLICATION REQUIRED FORM**

**PLEASE PRINT  
 Establishment:**

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 Establishment is not in arrears in any taxes, fees, or bills due to the City of Decatur or State of Illinois.** \_\_\_\_\_
2. **The establishment 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. **That no owner with more than a five percent (5%) interest or manager of the establishment has ever been convicted of a felony, a gambling offense, or a crime of moral turpitude or has applied for a Certificate of Rehabilitation from the City Manager.** \_\_\_\_\_
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)