



Village of Winthrop Harbor
830 Sheridan Road
Winthrop Harbor, IL 60096

Phone: 847-872-3846 - Fax: 847-872-0639 - Web: www.WinthropHarbor.com

APPLICATION FOR LICENSE OR PERMIT

ORD. 111.10 & 125	PURPOSE Video Gaming
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FEE(s) _____ \$25 – Gaming Devices (per device) Number of Devices _____ (max 6)
_____ \$200 Distributors Fee

Penalty 125.99 (See Attached)

Business Information

BUSINESS NAME: _____
Business Address: _____
City, State, Zip: _____
Winthrop Harbor Liquor License # _____ State of Illinois Liquor License # _____

Contact Information

Name: _____
Title: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Email: _____@_____

Additional Attachments Required

- A copy of the Illinois State Gaming Video Gaming License

I (We) Understand that the license hereby applied for shall become null and void if there is any change in ownership or corporate structure. I (We) further understand this license is non-transferable between owner(s) or locations.

I (We) certify that all the information given is true and correct to the best of my (our) knowledge.
Applicant's Signature(s):

1. _____ Date: ____/____/____

2. _____ Date: ____/____/____



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Affidavit and Acknowledgement

I, the undersigned applicant or authorized agent thereof, swear or affirm under penalties of perjury that the matters stated in the forgoing application are true and correct, are made upon my personal knowledge and information, and are made for the purpose of requesting the Village of Winthrop Harbor to issue the license herein applied for. I further swear or affirm that I have not omitted any information which is required to be made in these disclosures, that the matters stated herein are not misleading in the light of the purposes for which application is made, and that the applicant is qualified and eligible to obtain the license applied for.

I further swear or affirm that the applicant will not violate any of the laws of the United States of America, the State of Illinois or the Village of Winthrop Harbor relating to or regulating said business.

I have read and understand the requirements stated in Chapter 125-Video Gaming Licensing of the Village Code as it pertains to video gaming. I agree to comply with all conditions stated in Chapter 125-Video Gaming Licensing including license requirements, and indemnify and hold harmless the village from all liability lawsuits and costs.

Applicant hereby acknowledges and agrees that the Village retains the right under the Illinois Video Gaming Act (230 ILCS 40/1 et. Seq.) to terminate all licenses and ban video gaming within the corporate boundaries of the Village of Winthrop Harbor. Applicant further acknowledges that Applicant is proceeding with this application and the investment in machines, physical restructuring of premises and all other modifications necessary or helpful in establishing his, her or its video gaming business at its own risk without reliance on the part of the Village or commitment therefrom to continue licensing of such machines or the video gaming business generally.

Signature of Applicant or Authorized Agent

Signature of Applicant or Authorized Agent

Title or Position

Title or Position

Date Signed

Date Signed

Note: If the license is to be issued to a partnership, two partners must sign. If the license is to be issued to a corporation, the president and secretary of the corporation must sign.



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STATE OF ILLINOIS)
) SS
COUNTY OF LAKE)

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

NOTARY PUBLIC

(SEAL)

Note: This application is valid only for the fiscal year noted below. All license renewals for consecutive fiscal years must be accompanied by a new completed application, or at the discretion of the Village, a statement under oath that the factual statements in the application previously filed have not changed in the past year.

Period for which license application is made: May 1, 20__ to April 30, 20__

For Office Use Only

License # _____ Date Issued: _____ Expires: _____

Total Fee: _____ Date Paid: _____

Additional Comments:



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DISTRIBUTOR INFORMATION

(Required)

Distributor Information

BUSINESS NAME: _____

Business Address: _____

City, State, Zip: _____

Contact Information

Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____ @ _____