

CITY OF CREST HILL

1610 Plainfield Road

Crest Hill, IL 60403

815-741-5100

cityofcresthill.com



Application for Video Gaming License

Business Name: _____

Address: _____

Contact Person for Business: _____

Phone/Email: _____

Name of Video Gaming Terminal Operator: _____

Address: _____

Contact Person for Video Gaming: _____

Phone/Email: _____



1. What type of business is your establishment classified as
Tavern
Restaurant
Social Organization
Gas Station/Truck Stop
Fraternal Establishment
Veterans Establishment
2. Do you have a current and valid business license
Yes
No
3. Do you have a current and valid liquor license
Yes
No
4. Please attach a copy of all documentation issued by the State of Illinois and the Illinois Gaming Board evidencing the valid and current licensure of all video gaming terminals.
5. Areas where video gaming is to take place must be physically separated from the rest of the establishment. Please attach a copy of the proposed floor plan showing the location of the gaming terminals. Please note that any alterations to the building will require a building permit and additional inspection.
6. Please provide the names and addresses of every person owning more than 5% share of the establishment.
7. Please provide a copy of the establishment State of Illinois video gaming license.
8. Is the establishment current on all bills, taxes, fees, or payment to the City of Crest Hill
Yes
No



9. Do you agree to abide by all State and Federal Laws and local ordinances
Yes
No

10. Has the manager or owner with more than 5% interest in the establishment ever been convicted of a felony, a gambling offense of a crime of moral turpitude.

Annual Fee per Gaming Machine-\$250.00 to be split by the business owner and video gaming terminal operator.

OWNER FEE:

Number of machines _____ X\$125= _____ Total Due

OPERATOR FEE:

Number of machines _____ X\$125= _____ Total Due

FOR OFFICE USE ONLY

Inspection Date: _____

Issue Date: _____

Fee Paid: _____

Initials: _____