

VILLAGE OF MAZON

520 DEPOT ST. PO BOX 33
MAZON, IL. 60444
(815)448-2206 (815)448-2098 FAX

VIDEO GAMING LICENSE APPLICATION

Name of Location License Applicant (as registered with the Illinois Secretary of State)

Applicants Name: _____

Federal Employer Identification Number (FEIN)

Doing Business As (if applicable) _____

Street Address of premises to be licensed _____

Mailing Address if different _____

Business phone _____ Contact person _____

Licensed Retail Establishment ____ Licensed Truck Stop Establishment ____

Licensed Veterans Establishment ____ Licensed Fraternal Establishment ____

Authorized agent completing this form: _____

Agent relationship to Applicant: _____

Illinois Business tax # _____

Liquor license # _____ exp. Date _____

State Video gaming license # _____

Number of video gaming license being applied for (one per terminal) _____

List terminal numbers below:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Has the Business Entity ever been convicted of a felony offense? _____

Has the Business Entity ever been convicted of a crime involving dishonesty, gambling and/or moral turpitude? _____

Truck Stop Information: The Applicant verifies that the Truck Stop establishment is at least a 3 acre facility with a Convenience Store, separate diesel islands for fueling commercial motor vehicles, sells at retail more than 10,000 gallons of diesel or biodiesel fuel per month, and provides parking spaces for commercial motor vehicles as defined by 625 ILCS 5/18b-101. If no explain. Yes _____

No _____

Applicant signature _____

Date _____

Office use only

Application received by _____ on _____

Application reviewed by _____

Application approved on _____ denied on _____