

City of Warrenville

3S258 Manning Avenue
Warrenville, IL 60555
(630) 393-9427 (630) 393-5053 FAX

GAME ROOM LICENSE AND AMUSEMENT DEVICE STICKER APPLICATION

The undersigned hereby makes application for the issuance of a Class _____ Game Room License for the operation of a game room for the term ending December 31, _____ and hereby certifies to the following facts:

1. Place of business for which license is sought:

Name _____

Address _____

Phone _____

2. Applicant's Corporate/Partnership:

Name _____

Address _____

Phone _____

Contact Person _____

Address _____

Phone _____

_____ under the laws of _____
Date of Incorporation (State)

3. Are there any subsidiaries under your corporation name? _____

If so, Name: _____

4. State names of officers as indicated with their respective RESIDENCE ADDRESSES, giving street and number, city and state, date of birth and driver's license number.

President Name _____

Address _____

City, State, Zip _____

Driver's License Number and State of Issuance _____

Birth Date _____ Social Security Number _____

Vice President Name _____

Address _____

City, State, Zip _____

Driver's License Number and State of Issuance _____

Birth Date _____ Social Security Number _____

Secretary Name _____

Address _____

City, State, Zip _____

Driver's License Number and State of Issuance _____

Birth Date _____ Social Security Number _____

Treasurer Name _____

Address _____

City, State, Zip _____

Driver's License Number and State of Issuance _____

Birth Date _____ Social Security Number _____

Director Name _____

Address _____

City, State, Zip _____

Driver's License Number and State of Issuance _____

Birth Date _____ Social Security Number _____

5. Does applicant own premises for which this license is sought? _____

6. Does the applicant have a lease on the premises for the full period for which the license is sought?

If so, please provide the following:

Building Owner Name _____

Building Owner Address _____

Building Owner City, State, Zip _____

7. Is applicant delinquent in the payment of any retailer's occupation tax? _____
 If so, give reasons therefore: _____

8. Has applicant applied for a game room license or a liquor license in another community?
 If so, state name of community and status of application: _____
9. Has applicant ever been convicted of a gambling offense or felony? _____
 If so, give particulars: _____
10. List names and addresses of any owner, partner, corporate officer, director, manager or any other person owning five percent (5%) or more of the shares of the applicant's business entity or parent corporation: _____

11. How many electronic game machines will be operated on these premises? _____
 How many do you own? _____ How many do you lease? _____
 If machines are leased:
 Machine(s) Owner Name _____
 Owner Address _____
 Owner City, State, Zip _____
12. Will the game room be conducted by a manager or agent? _____
13. Does applicant have a valid liquor license in the City of Warrenville? _____
14. Where would you like the amusement device stickers and/or Game Room License to be sent?

The undersigned swears that the corporation in whose name this application is made will not violate any of the ordinances of the City of Warrenville or the laws of the State of Illinois or any of the United States of America in the conduct of the place of business described herein, and that the statements contained in this application are true and correct to the best of his knowledge and belief; further, he releases the Warrenville Police Department from any liability or damage of whatever nature in investigating the information herein contained.

 Print Name

 Signature

DESCRIPTION OF AMUSEMENT DEVICES

1. Type of Amusement Device: _____
Manufacturer's Number: _____

2. Type of Amusement Device: _____
Manufacturer's Number: _____

3. Type of Amusement Device: _____
Manufacturer's Number: _____

4. Type of Amusement Device: _____
Manufacturer's Number: _____

5. Type of Amusement Device: _____
Manufacturer's Number: _____

6. Type of Amusement Device: _____
Manufacturer's Number: _____

7. Type of Amusement Device: _____
Manufacturer's Number: _____

8. Type of Amusement Device: _____
Manufacturer's Number: _____

9. Type of Amusement Device: _____
Manufacturer's Number: _____

10. Type of Amusement Device: _____
Manufacturer's Number: _____

11. Type of Amusement Device: _____
Manufacturer's Number: _____

GAME ROOM LICENSE FEE		
Class A	20 or More Amusement Devices	\$1,000.00
Class B	11 to 19 Amusement Devices	\$500.00
Class C	2 to 10 Amusement Devices	\$50.00

When a Game Room License is obtained during the first half of the year, the entire annual fee shall be due and payable. When a Game Room License is obtained during the second half of the year, one-half (½) of the annual license fee shall be due and payable.

FEES FOR AMUSEMENT DEVICE STICKERS		
Class A	Reserved	
Class B	1 or More Amusement Devices	\$100.00 per Device (Sticker)
Class C	Pool, Snooker, or Billiard Tables, (whether coin-operated or non-coin-operated)	\$50.00 per Table (Sticker)
Transfer Fee		\$5.00 per Device (Sticker)

When an amusement device is installed during the first half of the year, the entire annual fee shall be due and payable. When a new amusement device is installed during the second half of the year, one-half (½) of the annual fee shall be due and payable.