



3S258 Manning Avenue  
Warrenville, IL 60555  
(630) 836-3050 (630) 393-1531 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 (1/2) 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 (1/2) of the annual fee shall be due and payable.