



CITY OF CAHOKIA HEIGHTS

Curtis L. McCall Sr., Mayor

103 Main Street

Cahokia Heights, IL 62206

Office: (618) 337-9510

Fax: (618) 215 - 7203

VIDEO GAMING TERMINAL APPLICATION

Name of Licensed Business: _____

Business Address: _____

Business Owner Name and Contact Number: _____

Gaming terminal operator name: _____

Gaming terminal operator number: _____

Number of Video Gaming Terminals to be placed at the above business: _____

Have you applied for a Video Gaming License with the Illinois Gaming Board Yes ____ No ____ If yes, please attach a copy of License/ Registration issued by the Illinois gaming Board under the Video Gaming Act

Has any license been issued to you from Federal, State, or local authority been revoked? Yes ____ No ____

If yes, please explain _____

The applicant is aware that any video gaming terminal permit issued, shall be for the business address set forth in this application only, and shall not be transferred to another location.

AFFIDAVIT

The undersigned, being dully sworn, on oath, certifies that he/she has authority of the applicant to sign this application on behalf of the applicant and that all the information supplied in this application is true and correct and that the applicant will advise the Cahokia Heights Liquor Commissioner, in writing, if any information supplied becomes invalid or additional information is required by Cahokia Heights Liquor Code, now or as hereafter amended.

Print Name: _____

Signature and Title: _____ Date: _____

State of Illinois)
) ss.
County of St. Clair)

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____.

Notary Public _____

FOR OFFICIAL USE ONLY:

Zoning classification of property:

APPROVED: _____

NOT APPROVED: _____

Approval Date: _____

Denied Date & Reason for denial:

Fee: \$300.00 per terminal

Number of Terminals: _____

Total fee due: _____

Signature of official

Date