



CITY OF CAHOKIA HEIGHTS

Curtis L. McCall Sr., Mayor

103 Main Street

Cahokia Heights, IL 62206

Office: (618) 337-9510

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VIDEO GAMING TERMINAL OPERATOR LICENSE APPLICATION

Terminal Operator Business Name: _____

Mailing Address: _____

Contact Name and Title: _____

Contact Number: _____ Contact Email: _____

Name of Owner (s) of the Licensed Terminal Operator Business: (use separate sheet if necessary)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

IGB TERMINAL OPERATOR LICENSE NUMBER (attach copy of license)

License Number: _____ Issue Date: _____ Expiration Date: _____

ESTABLISHMENT(S) INFORMATION (VGT LOCATIONS) use separate sheet if necessary

Name of Establishment: _____

Address of Establishment: _____

Name of Establishment: _____

Address of Establishment: _____

Name of Establishment: _____

Address of Establishment: _____

Name of Establishment: _____

Address of Establishment: _____

VERIFICATION

Under penalties as provided by law, the undersigned certifies that the statement set forth in the application are true and correct.

Signature of Applicant: _____ Date: _____

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

I, the undersigned, Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that subscribed to the foregoing instrument before me this day in person and acknowledged that they signed and delivered the said instrument, as their free and voluntary act for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this _____ day of _____, 20 ____.

Notary Public _____

FOR OFFICIAL USE ONLY:

License Number: _____

APPROVED: _____

NOT APPROVED: _____

Approval Date: _____

Denied Date & Reason for denial:

Fee: \$500.00 per operator terminal

Number of Operator Terminals: _____

Total fee due: _____

Official Signature

Date