

**Village of Lincolnshire
Application for Amusement Device License**

Date:	Name of business where device(s) will be located:	License Period Ending: April 30, 20
1. APPLICANT		
Person/Organization filing application:		
Full Name:	Date of Birth:	
Residence Address:		
Telephone #:	Driver's License #:	State of Issuance:
2. LOCATION		
Address of building where amusement device will be located (exact street address):	Lincolnshire, IL 60069	Telephone #:
Type of business conducted where device(s) will be located:		
What is the size of the existing structure on the premises (square footage)?		
Number of devices to be operated on premises:		
Full description of the location including floor layout, specific floors, rooms, etc.:		
Submit an interior diagram of the current/proposed structure with the original application.		
Does the applicant own the premises for which the license is sought?		<input type="checkbox"/> yes <input type="checkbox"/> no
Has the applicant a lease on such premises covering the full period for which the license is sought?		<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, give the following information about the lessor:		
Lessor Name:		Telephone #:
Address:		
Period covered by lease:	From:	To:
Options, full particulars:		
3. PERSON(S) WITH MANAGING CONTROL OF APPLICANT (FOR NON-INDIVIDUAL APPLICANTS)		
Full Name:	Date of Birth:	
Residence Address:		
Telephone #:	Driver's License #:	State of Issuance:
Full Name:	Date of Birth:	
Residence Address:		
Telephone #:	Driver's License #:	State of Issuance:

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**3. PERSON(S) WITH MANAGING CONTROL OF APPLICANT
(FOR NON-INDIVIDUAL APPLICANTS)**

Full Name:	Date of Birth:
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Residence Address:

Telephone #:	Driver's License #:	State of Issuance:
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Full Name:	Date of Birth:
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Residence Address:

Telephone #:	Driver's License #:	State of Issuance:
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Full Name:	Date of Birth:
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Residence Address:

Telephone #:	Driver's License #:	State of Issuance:
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Full Name:	Date of Birth:
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Residence Address:

Telephone #:	Driver's License #:	State of Issuance:
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Full Name:	Date of Birth:
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Residence Address:

Telephone #:	Driver's License #:	State of Issuance:
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4. OWNER/SUPPLIER OF DEVICES

Name:	Telephone #:
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Address:

5. PRIOR VIOLATIONS

Has any person listed on the application ever been found guilty of a gambling offense or of any violation of any State Statute or local ordinance related to taxes or the commission of any act of moral turpitude?	<input type="checkbox"/> yes <input type="checkbox"/> no
Has the applicant ever had a similar license revoked or suspended by any municipality?	<input type="checkbox"/> yes <input type="checkbox"/> no

If you answered yes to any of the above, please give full particulars including dates and locations of offenses.

AFFIDAVIT

By the signing of the application, the applicant agrees to and hereby authorizes the Village of Lincolnshire and its agents to conduct whatever investigation that may be deemed necessary to confirm the above indicated facts, or otherwise to confirm that the applicant is lawfully permitted to obtain An amusement device license under the amusement device provisions of the Lincolnshire Village Code (as amended from time to time), or other ordinances of the Village of Lincolnshire and the laws of the State of Illinois.

Any misrepresentation, omission or false statement on this application or in regards to any information provided during the application process, shall constitute grounds for the termination of any further consideration of the application or in the rejection of the application. If any such misrepresentation, omission or false statement, as mentioned above, is discovered after the application for an amusement device license has been authorized, and an amusement device license issued by the Mayor and board of Trustees of the Village of Lincolnshire, said misrepresentation, omission or false statement shall constitute grounds for the immediate revocation of said amusement device license.

Approval of application of license/permit shall not be held to permit or be an approval of any violation of the provisions of the Lincolnshire Village Code.

STATE OF ILLINOIS
COUNTY OF LAKE

The undersigned swear (or affirm) that the sole proprietorship, partnership, or corporation in whose name this application is made, will not violate any of the ordinances of the Village of Lincolnshire, or the laws of the State of Illinois or 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.

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public

If applicant is an Individual or Partnership, sign here

_____ Individual / Partner

_____ Partner

Notary Seal

If applicant is a Corporation, sign here

_____ President

_____ Secretary

Corporate Seal

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Address: _____

	MANUFACTURER	MODEL OR TRADE NAME	SERIAL NUMBER	DECAL NUMBER	DATE LICENSED	LOCATION ON PREMISES OF AMUSEMENT DEVICES
1.						
2.						
3.						
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6.						
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