



VILLAGE OF
LINCOLNSHIRE
POLICE DEPARTMENT

STAMP HERE

AMUSEMENT DEVICE LICENSE APPLICATION

OFFICE USE ONLY
License #:

LICENSE INFORMATION

Date:	Name of business where device(s) will be located:	License Period Ending: April 30, 20_____
-------	---	--

APPLICANT INFORMATION

Person/Organization:	
Address:	
Contact Name:	Email Address:
Contact Telephone#:	Company Website:

LOCATION INFORMATION

Address of building where amusement device will be located (exact street address):	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
Does the applicant have a lease on the 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:	

Amusement Device License Application – Village of Lincolnshire, IL – Police Department

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:
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:
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:
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:

**Amusement Device License Application – Village of Lincolnshire, IL – Police Department
Device Inventory**

Address: _____

	MANUFACTURER	MODEL OR TRADE NAME	SERIAL NUMBER	DECAL NUMBER	DATE LICENSED	LOCATION ON PREMISES OF AMUSEMENT DEVICES
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Automatic Amusement Device License Application Instructions

- Applications for an Automatic Amusement Device License must be made to the Lincolnshire Police Department on the application form furnished.
- Applicants filing an application for an Automatic Amusement Device License will need to complete all sections of the application and remit a \$250.00 fee for the license and a \$75.00 decal fee for each device.
- The following information must be submitted along with an original application:
 1. A copy of an interior diagram depicting the location of each device.
 2. An inventory of the device(s) for which the applicant is seeking a decal.
- Return the completed applications with your payment to cover the license fees.
- The Automatic Amusement Device License section of the Lincolnshire Village Code can be accessed through the Village web site.