



Village of Maple Park

302 Willow Street ♦ P.O. Box 220 ♦ Maple Park, Illinois 60151

Village Hall: 815-827-3309

Fax: 815-827-4040

Website: <http://www.villageofmaplepark.com>

Renewal

New

Amusement Device License Application

License #: _____

Applicant Must Be 18 Years of Age

Return completed application with fee payable to the "Village of Maple Park" to:

Village of Maple Park
302 Willow Street
P.O. Box 220
Maple Park, IL 60151

BUSINESS INFORMATION

Business Name:			
Building Address:			
Phone # of Business:			
Business Owner:			
Owner Address:			
Owner City:	Owner State	Owner Zip Code:	
Owner Phone Number:			
Principal Business conducted at this location:			

CORPORATION INFORMATION

Corporation Name:			
State of Incorporation:	Date of Incorporation:		
Registered Agent (RA):			
RA Address:			
RA City/State/Zip:			
RA Phone #:			

SHAREHOLDER INFORMATION

	Name	Mailing Address
Shareholder #1:		Address: City, State, Zip Code:
Shareholder #2:		Address: City, State, Zip Code:
Shareholder #3:		Address: City, State, Zip Code:

If necessary, please use a separate sheet of paper for descriptions of more machines.

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO VILLAGE

Are there any liens of the Village of Maple Park against the property?	Yes	No
Has applicant(s) ever been convicted of any violation of the Gaming Laws of the State of Illinois or any other state or any Federal Gaming Laws?	Yes	No

VENDING MACHINE COMPANY (If used)

Vending Machine Company	Address: City, State, Zip Code:
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LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED

Mail Correspondence (including renewal applications) to:	Business Owner	Business Manager	Vending Machine Company
Mail copy of license to different address?	Yes	No	If yes, please provide address to send copy to:
Address:			
City, State, Zip Code:			
Is/are the device(s) owned by the applicant?	Yes	No	
If no, list the name and address of owner(s) and indicate number owned by each:			

TOTAL NUMBER OF DEVICES:

MECHANICAL: (\$25.00 each)		VIDEO: (\$75.00 each)	
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DESCRIPTION OF DEVICE(S)

Description, mechanical features and name of manufacturer of device(s) on hand at time of application:

Mechanical	Video

If necessary, please use a separate sheet of paper for descriptions of more machines.

I/WE HEREBY AGREE TO THE FOLLOWING:

The undersigned hereby states that information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the Village, its officers, boards, commissions, agents and employees from and against any action, proceeding, claim of liability, or other relief, asserted against the City resulting from the issuance of this license.

APPLICANT SIGNATURE:	Date:
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Print Name and Title:	
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PRESIDENT OF CORPORATION SIGNATURE:	Date:
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Print Name:	
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FOR VILLAGE OF MAPLE PARK USE ONLY				Paid Stamp
# of Mechanical Devices:		Video Devices:		
Total Fee Paid:		Check #:	Cash	
License Expiration Date:				