

8652 WEST 95TH STREET
HICKORY HILLS, ILLINOIS 60457
PHONE (708) 598-4800 • FAX (708) 430-6245



(PLEASE NOTE ANY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION SOUGHT BELOW MAY RESULT IN REVOCATION OF THE CERTIFICATE AS GRANTED.)

1. Applicant (Owner of Machines) _____
2. Address _____
Phone _____ After Hours
Emergency No. _____
3. Illinois Retailers Occupation Tax No. _____
4. Federal Employers Identification No. (FEIN) _____
5. List the names, home addresses, home phone numbers, date of birth, Social Security No. and Driver's License No. of any person owning more than 10% legal, equitable or beneficial interest in the Applicant and of the Officers denoted below of the Applicant:

President _____
Secretary _____
Treasurer _____
6. If the Applicant is a corporation, list the names of all persons who are members of the Board of Directors:

7. Number, type and location of machines to be operated: _____

8. Is any law enforcing public official, police officer, mayor, alderman, member of the City Council or commission, or any president or member of a county board directly or indirectly interested in the Applicant or premises for where the machines are to be located? If so, list the name, address and position of said person (an indirect interest includes a spouse with one of the above positions or a person owning the land with one of the above positions).

9. Has Applicant (or any person identified in #5 or #6 above) ever had a business license suspended or revoked? _____

10. Has Applicant (or any person identified in #5 or #6 above) ever had a business license application denied? _____

11. Has Applicant (or any person identified in #5 or #6 above) ever been convicted of any felony under State or Federal law? _____

12. Has Applicant (or any person identified in #5 or #6 above) ever been convicted of being the keeper of a house of ill fame, or pandering, or any other crime involving decency or morality? _____

13. Has Applicant (or any person identified in #5 or #6 above) ever been convicted of any violation of a Federal or State law concerning liquor or gambling? _____

14. Does Applicant (or any person identified in #5 or #6 above) possess a current Federal Gaming Device? _____

15. Does Applicant (or any person identified in #5 or #6 above) hold any State or local liquor licenses? _____

16. Is Applicant (or any person identified in #5 or #6 above) delinquent in payment of retailer's occupational tax (sales tax) for this or any other business? _____

17. The yearly fee of \$100.00 per video gaming establishment; \$250.00 per machine (limit of 6 machines) to be paid by:

a. Owner of Hickory Hills business _____

b. Owner of video gaming device _____

It is understood that no business may be commenced unless and until approval has been granted by the City of Hickory Hills.

I agree to comply with all State Statutes and City Ordinances and regulations relating to the above business.

Name of Applicant (print)

Signature of Owner/Manager

Date: _____