CITY OF LOCKPORT

VIDEO GAMING TERMINAL DISTRIBUTOR LICENSE APPLICATION

$2,500.00 Annual Distributor License Fee Per Establishment Location

Office of the City Clerk 222
E. 9th Street/3rd Floor
Lockport, Illinois 60441
Office: 815-838-0549 Fax: 815-838-9498
Website: www.cityoflockport.net

Required Submittals:

- ☐ Non-Refundable Application Fee ($500.00). (First time applicants)
- ☐ Video Gaming Distributor Annual License Fee ($2,500 for each licensed establishment in which the VG terminals have been placed).
- ☐ Copy of approved Video Gaming License from the State of Illinois.
- ☐ Copy of signed lease agreement with the Terminal Operator (establishment) in which Video Gaming Terminals are distributed, sold, leased out, supplied, delivered, or placed.

VIDEO GAMING TERMINAL DISTRIBUTOR APPLICATION
OFFICE OF THE CITY CLERK
LOCKPORT, ILLINOIS 60441
($2,500.00 Annual Distributor License Fee)

Please print legibly. All information and supplemental information must be completed and submitted. **Incomplete forms will be returned.**

Date: _____

1. Corporation Name: _____
2. Company Name: _____
3. Company Address: _____
4. Company Phone: _____
5. Company Email: _____
6. Contact Name: _____
7. Contact Phone: _____
8. List all persons who are corporate officers and/or persons who own more than 20% of such corporation:

   Name, title, and address: _____

   Name, title, and address: _____

   Name, title, and address: _____

   Name, title, and address: _____
9. Location of the establishments in the City of Lockport in which the Video Gaming Terminals will be placed or is maintained:

   Establishment Name: _____

   Address: _____

   Establishment Name: _____

   Address: _____

   Establishment Name: _____

   Address: _____

10. Has any License previously issued to the business or a prior business owned by the persons listed in paragraph 7 (corporate officers and/or owners) by the State, Federal, or Local Authorities been revoked/suspended? _____Yes ____No. (If so, state the reasons therefore and date of revocation/suspension)

AFFIDAVIT

State of _____)
) SS
County of _____)

I, (we), swear that I (we) will not violate any of the Ordinances of the City of Lockport or the laws of the State of Illinois 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 to the best of my (our) knowledge and belief.

(Affidavit must be signed in front of a Notary Public)

Please sign below:

_____

Full Name Title

_____

Applicant Signature Date

_____

Full Name Title

_____

Applicant Signature Date

Subscribed and sworn to before me on _____[Date]

_____
Notary Public

My Commission Expires: _____