

City of Freeport, Illinois



MECHANICAL AND ELECTRONIC GAMES AND DEVICES - APPLICATION

New License

License Renewal

Name of Business (where games will be located): _____

Address of Business: _____

Business Phone Number: _____

Type of Business ___ Individual ___ Partnership ___ Corporation

Specify the number of devices located at the above address: _____

Attach listing of each device including Serial # and a brief description

Are The Devices Licensed By The State Of Illinois For Display And Operation By The Public At The Above Address? Yes _____ No _____
If Yes, Attach Copy of State License _____ or License Affixed to machines? _____

Is Business Where Devices Are Located Owned _____ or Leased? _____
Expiration of Lease _____

Name and Address of Person Who, As Manager or Agent of the Business, Will Conduct the Business to be Operated at the Address listed above _____

Drivers License # and State of Issuance: _____

Daytime Phone Number: _____

Is said person a resident of the City of Freeport, Illinois? _____
Is said person a U.S citizen by birth? ___ If so, state place and date of birth _____
If not a citizen by birth, is said person a citizen by naturalization? _____
If so, state date and place of naturalization _____

Has any person named in this application ever been convicted of a felony or of any misdemeanor against decency and morality? _____
If so, list the names of such persons _____
State the date of the offense and include city, county and state where conviction occurred: _____

Has any person named on this application ever had a license revoked under Chapter 844 of the Codified Ordinances of the City of Freeport? _____

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STATE OF ILLINOIS)
)
STEPHENSON COUNTY) SS.

I, _____ HAVE READ AND AGREE TO ABIDE BY CHAPTER 844 – MECHANICAL AND ELECTRONIC GAMES AND DEVICES OF THE CITY OF FREEPORT CODIFIED ORDINANCES. I, BEING DULY SWORN UPON OATH, SWEAR (OR AFFIRM) THAT THE STATEMENTS IN THIS DOCUMENT ARE TRUE AND CORRECT.

(SIGNATURE OF APPLICANT)

SIGNED AND SWORN (OR AFFIRMED) TO BEFORE ME ON _____(DATE) OF _____20____, BY _____ (NAME OF PERSON) AS _____(TYPE OF AUTHORITY, E.G. OWNER, MANAGER, AGENT, ETC.) OF _____(NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED).

(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

Office Use Only

Reviewed by Chief of Police _____

The foregoing application is approved / disapproved this ___ day of _____, _____

License Officer

