

**APPLICATION**



**CITY OF FREEPORT, ILLINOIS  
MECHANICAL GAMES AND DEVICES**

NAME OF APPLICANT \_\_\_\_\_

NAME UNDER WHICH BUSINESS IS TO BE OPERATED \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

NUMBER OF DEVICES LOCATED AT THE ABOVE ADDRESS \_\_\_\_\_

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**

IS BUSINESS WHERE DEVICES ARE LOCATED OWNED OR LEASED?  
EXPIRATION OF LEASE \_\_\_\_\_  
**ATTACH COPY 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  
FOR WHICH THIS LICENSE IS SOUGHT \_\_\_\_\_

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 OPPOSED TO DECENCY AND MORALITY?  
\_\_\_\_\_ IF SO, LIST THE NAMES OF SUCH PERSONS \_\_\_\_\_

STATE THE DATE OF THE OFFENSE \_\_\_\_\_

LIST THE CITY, COUNTY, AND STATE WHERE CONVICTION OCCURRED

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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. OFFICER,  
OWNER, ETC.) OF \_\_\_\_\_(NAME OF  
PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED).

(SEAL)

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)