

FOR OFFICIAL USE ONLY

APPLICATION FOR COIN-OPERATED AMUSEMENT DEVICE LICENSE

License No. _____

under the McHenry County Coin Operated Entertainment & Amusement Device Ordinance

Application Received: _____

Date Issued: _____

Application Fee Received: _____

Date Effective: _____

Receipt No.: _____

Approved By: _____

To be filed with the Liquor & License Committee of the McHenry County Board., Woodstock, Illinois

Unit Fee Received: _____

Date: _____

Receipt No.: _____

All licenses expire April 30 following date of issuance

This application must be filed with the Liquor & License Committee of the McHenry County Board, 2200 N. Seminary Avenue, Woodstock, Illinois 60098, and must be accompanied by the required FEE OF \$75.00 PER UNIT, THE UNIT FEE SHOULD BE INCLUDED WITH ALL RENEWAL APPLICATION REQUESTS. All new applicants must pay \$100.00 license application fee, which is non-refundable in the event of denial of licensing under this ordinance. All remittances should be made payable to the County Treasurer of McHenry County. NO CASH ACCEPTED.

TO BE COMPLETED BY APPLICANT - PLEASE PRINT OR TYPE - ALL QUESTIONS MUST BE ANSWERED FULLY

1. Name of Applicant: _____

LAST FIRST MIDDLE
Date of Birth or Date of Incorporation or Formation: _____

Address: _____

2. Name of Business: _____

Business Address: _____

3. Nature/Kind of Business: _____

4. Describe type of amusement devices furnished: _____

5. Do you own the device(s)? _____

6. Do you lease, rent or otherwise contract with another for the use of the device(s)? _____ If yes, please identify the name and address of the person, partnership or corporation with whom the agreement is made:

Name: _____

Address: _____

7. Have you previously been licensed by McHenry County under this ordinance or any other? _____ If yes, please identify the name of person, partnership or corporation with whom the agreement is made:

Name: _____

Address: _____

8. Has a license issued to you or any party now affiliated with you pursuant to this ordinance ever been revoked or suspended?

_____ If yes, identify license held by number, type and license number _____

9. Has a license required by this ordinance ever been denied to you or any party now affiliated with you? _____

If yes, state year _____ and license number _____.

10. Has any manufacturer, importing distributor or distributor, directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandise credit in the ordinary course of business for a period not to exceed ninety (90) days, or is such a person directly or indirectly interested in the ownership, conduct or operation of the business? _____ If yes, please provide full particulars: _____

SUPPLEMENTAL INFORMATION FOR CORPORATE OWNERS, PARTNERS, INDIVIDUALS HOLDING MORE THAN 5% INTEREST IN BUSINESS AND ALSO FOR CORPORATE OFFICERS AND DIRECTORS.

11. Please provide the following information about ALL persons or corporations owning 55% or more of the corporate stock or entitled to 5% or more of the partnership profits or entitled to all of the individual profits. If more space is required, please attach a separate sheet containing all of the requested information for each additional person or corporation. Also, please provide the same information, on separate sheets, for all officers and directors of the applicant corporation, if application is being made by a corporation. The Chairman of the McHenry County Board, his authorized agents, the Liquor and License Committee of the McHenry County Board, its duly authorized agents, or the Sheriff of McHenry County, or his duly authorized agents, RESERVE THE RIGHT TO INSPECT THE CORPORATE, PARTNERSHIP OR INDIVIDUAL RECORDS OF EACH APPLICANT.

Name: _____ Date of Birth: _____
Last First Middle Place of Birth: _____

Address: _____
Street City County State Zip

Telephone Number (_____) _____ Social Security # _____-_____-_____

Are you a citizen of the United States? _____ If a naturalized citizen, when and where were you naturalized? _____

Court? _____

Have you ever permitted a bond forfeiture, been convicted of a crime under the Illinois Criminal Code or been convicted of any felony? _____ If yes, please provide the following information for all forfeitures or convictions:

<u>DATE</u>	<u>OFFENSE</u>	<u>LOCATION/COURT OF JURISDICTION</u>	<u>SENTENCE</u>
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Has any license previously issued to you by any state, federal or local authority ever been suspended or revoked? _____
If yes, state type of license _____ Date of Action _____ Action taken _____ Name of Issuing Authority _____ Reason for Revocation/Suspension _____

I hereby acknowledge that all of the statements and information contained in this application are true to the best of my knowledge and belief.

I further agree that if a license is issued hereunder, I will notify the Chairman of the Liquor and License Committee of the McHenry County Board of changes in the information contained herein which may occur during the license period, and also upon the removal of all such licensed devices from service in McHenry County.

Signature(s)

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public