



VILLAGE OF ROSEMONT

HEALTH & LICENSE DEPARTMENT

9501 WEST DEVON AVE, 2ND FLOOR, ROSEMONT, ILLINOIS 60018

(847) 825-4404

VIDEO GAMING ESTABLISHMENT LICENSE APPLICATION INSTRUCTIONS

THE FOLLOWING REQUIREMENTS MUST BE MET BEFORE APPLICATION IS PROCESSED AND LICENSE IS ISSUED. ALL SUPPLEMENTAL INFORMATION REQUIRED BELOW MUST BE SUBMITTED WITH THE COMPLETED APPLICATION.

<input type="checkbox"/>	NON-REFUNDABLE APPLICATION FEE OF \$1000.00 FOR THE FIRST YEAR WHICH INCLUDES ALL PERMITS AND INSPECTIONS FOR THE GAMING ROOM; \$500.00 EACH SUBSEQUENT YEAR
<input type="checkbox"/>	COMBINED VIDEO GAMING ESTABLISHMENT AND CLASS "VG" LIQUOR LICENSE FEE OF \$1000.00
<input type="checkbox"/>	DIMENSIONED SITE PLAN CLEARLY INDICATING THE PROPOSED LOCATION OF ALL VIDEO GAMING TERMINALS [ORD 2020-6-10 – PG 4 SEC 8 a-e]
<input type="checkbox"/>	DIMENSIONED SITE PLAN FOR BOTH KITCHEN AND DINING AREAS FOR THE LOCATION
<input type="checkbox"/>	A COPY OF APPROVED APPLICATION, ALL SUPPORTING DOCUMENTS AND VIDEO GAMING LICENSE FROM THE ILLINOIS GAMING BOARD
<input type="checkbox"/>	A NOTARIZED AFFIDAVIT FOR THE APPLICANT AND EACH PERSON LISTED IN SECTIONS 2 AND 3 OF THIS APPLICATION
<input type="checkbox"/>	A COPY OF THE SIGNED USER AGREEMENT BETWEEN THE APPLICANT SEEKING A VIDEO GAMING ESTABLISHMENT LICENSE AND THE TERMINAL OPERATOR [TERMINAL OPERATOR MUST BE LICENSED SEPARATELY BY THE VILLAGE OF ROSEMONT]
<input type="checkbox"/>	PROOF OF OWNERSHIP OR LEASE FOR LOCATION WHICH THE CLASS 'VG' LICENSES ARE SOUGHT

ADDITIONAL REQUIREMENTS

THE APPLICANT MUST POSSESS OR HAVE BEEN APPROVED TO RECEIVE A CLASS A, B, E(1), E(3) OR L LIQUOR LICENSE WITH THE VILLAGE OF ROSEMONT

THE LOCATION FOR WHICH THE APPLICATION IS MADE PROVIDES A FULL SERVICE DINNER MENU FOR ON-PREMISES DINING WHERE THE FOOD IS PREPARED AT A KITCHEN LOCATED WITHIN THE PREMISES FOR WHICH THE APPLICANT IS SEEKING A LICENSE

THE APPLICANT MUST BE IN GOOD STANDING ON ALL PAYMENTS AND TAXES DUE THE VILLAGE

THE LOCATION FOR WHICH THE APPLICATION IS MADE SHALL NOT RECEIVE MORE THAN 50% OF ITS GROSS REVENUES FROM VIDEO GAMING.

APPLICANT MUST HAVE PAID ALL BUSINESS AND LIQUOR LICENSE FEES DUE

LICENSE APPROVAL TAKES A MINIMUM OF 2 WEEKS AND MAY TAKE LONGER

UPON APPROVAL, YOU WILL BE NOTIFIED TO SURRENDER YOUR EXISTING LIQUOR LICENSE IN EXCHANGE FOR AN UPDATED LICENSE REFLECTING THE "CLASS VG" ADDITION

PLEASE REVIEW VILLAGE OF ROSEMONT ORDINANCE NUMBER 2020-6-10 FOR ALL REGULATIONS REGARDING VIDEO GAMING WITHIN THE VILLAGE OF ROSEMONT



HEALTH & LICENSE DEPARTMENT

VILLAGE OF ROSEMONT
ILLINOIS 60018
(847) 825-4404

9501 WEST DEVON AVE, 2ND FLOOR, ROSEMONT,

VIDEO GAMING ESTABLISHMENT LICENSE APPLICATION

FOR OFFICE USE ONLY

<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> EXISTING BUSINESS	<input type="checkbox"/> CHANGE OF OWNERSHIP
<input type="checkbox"/> APPLICATION COMPLETE	DATE RECEIVED: _____	AMOUNT PAID: _____
<input type="checkbox"/> LEASE OR TITLE	LIQUOR CLASS: _____	CHECK NUMBER: _____
<input type="checkbox"/> VGT ROOM PLANS APPROVED	LIQUOR LICENSE NUMBER: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
<input type="checkbox"/> STATEMENT OF LOCAL MANAGER	BUSINESS LICENSE NUMBER: _____	
<input type="checkbox"/> FEES RECEIVED		

ALL INFORMATION IN THIS FORM MUST BE COMPLETED IN BLACK INK OR MAY BE TYPEWRITTEN. EVERY QUESTION MUST BE ANSWERED. ILLEGIBLE ANSWERS WILL BE CONSIDERED INCOMPLETE AND WILL DELAY ISSUANCE OF LICENSE. FALSE OR MISLEADING ANSWERS MAY RESULT IN REFUSAL OF ISSUANCE OF THIS LICENSE.

SECTION 1 APPLICANT INFORMATION

APPLICANT [BUSINESS NAME OF ESTABLISHMENT WHERE VGT(S) WILL BE LOCATED]:

NAME OF INDIVIDUAL COMPLETING APPLICATION FOR APPLICANT:

THE APPLICANT IS A:

LIMITED LIABILITY COMPANY CORPORATION PARTNERSHIP INDIVIDUAL OTHER:

STATE OF THE APPLICANT'S INCORPORATION/FORMATION:

DATE OF FORMATION:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

PRIMARY CONTACT FOR 'VG' LICENSE:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

HOURS OF OPERATION: MON _____ TUES _____ WED _____ TH _____ FRI _____ SAT _____ SUN _____

APPLICANT'S BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED. FOR QUESTIONS ANSWERED "YES" PLEASE PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION. **ADD ADDITIONAL SHEETS AS NECESSARY.**

HAS THE APPLICANT EVER HAD A PREVIOUS LICENSE REVOKED, SUSPENDED OR DENIED BY THE ILLINOIS GAMING BOARD OR BY ANY OTHER BODY CHARGED WITH THE LICENSING/REGULATION OF ANY FORM OF GAMING ?..... YES NO
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION AS AN ATTACHMENT TO THIS PAGE.

HAS THE APPLICANT EVER HAD ANY INVOLVEMENT OR RELATIONSHIP WITH ANY ENTITY THAT HAD A LICENSE REVOKED, SUSPENDED DENIED BY THE ILLINOIS GAMING BOARD OR BY ANY OTHER BODY CHARGED WITH THE LICENSING/REGULATION OF ANY FORM OF GAMING?..... YES NO
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION AS AN ATTACHMENT TO THIS PAGE.

HAS THE APPLICANT EVER HAD ANY ENFORCEMENT OR INVESTIGATORY ACTIONS TAKEN AGAINST THEM BY THE ILLINOIS GAMING BOARD OR BY ANY OTHER BODY CHARGED WITH THE LICENSING/REGULATION OF ANY FORM OF GAMING? YES NO
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION AS AN ATTACHMENT TO THIS PAGE.

AFFADAVIT FOR SECTION 1

I, _____, THE UNDERSIGNED, AFTER FIRST BEING DULY SWORN AND UNDER OATH DO HEREBY SWEAR/AFFIRM UNDER THE PENALTY OF PERJURY THAT I AM OF GOOD REPUTE, CHARACTER AND STANDING, THAT I HAVE REVIEWED AND COMPLETED THE ANSWERS TO THE QUESTIONS ASKED IN THIS SECTION 5 AND THAT MY ANSWERS INDICATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT ANY UNTRUE, MISLEADING OR INCORRECT ANSWER GIVEN IS SUFFICIENT CAUSE FOR REFUSAL TO GRANT, OR THE REVOCATION OF, ANY LIQUOR LICENSE GRANTED PURSUANT TO SUCH APPLICATION.

SIGNATURE

TITLE/POSITION

DATE

[PRINTED NAME]

SUBSCRIBED TO AND SWORN TO BEFORE ME

NOTARY SIGNATURE

THIS ____ DAY OF _____ 20____.

STATE OF _____;COUNTY OF _____

[NOTARY SEAL]

SECTION 2 DIRECTORS/OFFICERS/LLC MANAGERS/LLC MEMBERS/PARTNERS

CORPORATIONS MUST IDENTIFY EACH OF THE CORPORATION'S DIRECTORS AND OFFICERS BELOW; LIMITED LIABILITY COMPANIES MUST IDENTIFY ALL MANAGERS AND MEMBERS BELOW; PARTNERSHIPS MUST IDENTIFY EVERY GENERAL PARTNER BELOW. EACH INDIVIDUAL IDENTIFIED MUST COMPLETE AND SIGN SECTION 4. ADD ADDITIONAL SHEETS AS NECESSARY.

NAME:			TITLE:		
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
NAME:			TITLE:		
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
NAME:			TITLE:		
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
NAME:			TITLE:		
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		
NAME:			TITLE:		
STATUS: <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> LLC MANAGER <input type="checkbox"/> LLC MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER:					
ADDRESS:					
PHONE:					
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY #	
DRIVERS LICENSE/STATE ID #:			STATE ISSUED:		

ELIGIBILITY QUESTIONS FOR INDIVIDUALS LISTED IN SECTION 2

NAME OF INDIVIDUAL RESPONDING FROM SECTION 2:

*ALL QUESTIONS MUST BE ANSWERED. FOR QUESTIONS ANSWERED "YES" PLEASE PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION. **ADD ADDITIONAL SHEETS AS NECESSARY.***

HAS THE RESPONDING INDIVIDUAL EVER HAD A PREVIOUS LICENSE REVOKED, SUSPENDED OR DENIED BY THE ILLINOIS GAMING BOARD OR BY ANY OTHER BODY CHARGED WITH THE LICENSING/REGULATION OF ANY FORM OF GAMING?..... YES NO
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION AS AN ATTACHMENT TO THIS PAGE.

HAS THE APPLICANT EVER HAD ANY INVOLVEMENT OR RELATIONSHIP WITH ANY ENTITY THAT HAD A LICENSE REVOKED, SUSPENDED DENIED BY THE ILLINOIS GAMING BOARD OR BY ANY OTHER BODY CHARGED WITH THE LICENSING/REGULATION OF ANY FORM OF GAMING? YES NO
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION AS AN ATTACHMENT TO THIS PAGE.

HAS THE APPLICANT EVER HAD ANY ENFORCEMENT OR INVESTIGATORY ACTIONS TAKEN AGAINST THEM BY THE ILLINOIS GAMING BOARD OR BY ANY OTHER BODY CHARGED WITH THE LICENSING/REGULATION OF ANY FORM OF GAMING? YES NO
IF YES, PROVIDE A DETAILED EXPLANATION AND DOCUMENTATION AS AN ATTACHMENT TO THIS PAGE.

AFFIDAVIT FOR SECTION 2

I, _____, THE UNDERSIGNED, AFTER FIRST BEING DULY SWORN AND UNDER OATH DO HEREBY SWEAR/AFFIRM UNDER THE PENALTY OF PERJURY THAT I AM OF GOOD REPUTE, CHARACTER AND STANDING, THAT I HAVE REVIEWED AND COMPLETED THE ANSWERS TO THE QUESTIONS ASKED IN THIS SECTION 2 AND THAT MY ANSWERS INDICATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT ANY UNTRUE, MISLEADING OR INCORRECT ANSWER GIVEN IS SUFFICIENT CAUSE FOR REFUSAL TO GRANT, OR THE REVOCATION OF, ANY LIQUOR LICENSE GRANTED PURSUANT TO SUCH APPLICATION.

SIGNATURE

TITLE/POSITION

DATE

[PRINTED NAME]

SUBSCRIBED TO AND SWORN TO BEFORE ME

THIS ____ DAY OF _____ 20____.

STATE OF _____;COUNTY OF _____

NOTARY SIGNATURE

[NOTARY SEAL]

**SECTION 3
LOCAL MANAGER INFORMATION**

*THIS SECTION MUST BE COMPLETED BY **EACH** INDIVIDUAL HAVING SUPERVISORY OR MANAGEMENT RESPONSIBILITY OVER THE CONDUCT OF BUSINESS AT THE PREMISES FOR WHICH A 'VG' LICENSE IS BEING SOUGHT. ADD ADDITIONAL SHEETS AS NECESSARY.*

BUSINESS NAME:		
NAME OF LOCAL MANAGER:		TITLE:
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
BIRTHDATE:	PLACE OF BIRTH:	SOCIAL SECURITY #
DRIVER'S LICENSE/STATE ID #		STATE ISSUED:

AFFADAVIT FOR SECTION 3

I, _____, THE UNDERSIGNED, AFTER FIRST BEING DULY SWORN AND UNDER OATH DO HEREBY SWEAR/AFFIRM UNDER THE PENALTY OF PERJURY THAT I AM OF GOOD REPUTE, CHARACTER AND STANDING, THAT I HAVE REVIEWED AND COMPLETED THE ANSWERS TO THE QUESTIONS ASKED IN THIS SECTION 3 AND THAT MY ANSWERS INDICATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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SIGNATURE	TITLE/POSITION	DATE
[PRINTED NAME]		

SUBSCRIBED TO AND SWORN TO BEFORE ME _____ NOTARY SIGNATURE

THIS ____ DAY OF _____ 20__.

STATE OF _____; COUNTY OF _____

[NOTARY SEAL]

**SECTION 4
VIDEO GAMING TERMINAL OPERATOR INFORMATION**

NAME OF LICENSED VIDEO GAME TERMINAL OPERATOR:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	BUSINESS EMAIL:	
IGB TERMINAL OPERATOR NUMBER:	DATE OF LICENSE ISSUANCE:	
NUMBER OF TERMINALS TO BE PLACED AT LICENSED ESTABLISHMENT:		

VIDEO GAMING TERMINAL [VGT] INFORMATION

<i>MAKE/MODEL*</i>	<i>SERIAL NUMBER*</i>	<i>IGB TAG NUMBER*</i>

*ANSWER TO THE EXTENT KNOWN AT THE TIME OF THE APPLICATION. HOWEVER, NO VIDEO GAMING TERMINAL SHALL BE OPERATED UNTIL THIS INFORMATION HAS BEEN PROVIDED, ALL TERMINALS HAVE BEEN REGISTERED WITH THE VILLAGE, AND ALL REQUIRED ILLINOIS GAMING BOARD AND VILLAGE OF ROSEMONT LICENSES HAVE BEEN GRANTED.