



VILLAGE OF ROSEMONT

HEALTH & LICENSE DEPARTMENT

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

(847) 825-4404

VIDEO GAMING TERMINAL OPERATORS LICENSE APPLICATION INSTRUCTIONS¹

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 <u>\$500.00</u>
<input type="checkbox"/>	VIDEO GAMING TERMINAL TAX OF <u>\$1,500.00</u> PER TERMINAL
<input type="checkbox"/>	A COPY OF THE TERMINAL OPERATOR LICENSE ISSUED BY THE ILLINOIS GAMING BOARD
<input type="checkbox"/>	A NOTARIZED AFFADAVIT FOR THE APPLICANT AND EACH PERSON LISTED IN SECTION 2 OF THIS APPLICATION
<input type="checkbox"/>	A COPY OF THE SIGNED USER AGREEMENT BETWEEN THE HOLDER OF A VIDEO GAMING ESTABLISHMENT LICENSE AND THE TERMINAL OPERATOR

ADDITIONAL REQUIREMENTS

THE APPLICANT MUST POSSESS A VALID TERMINAL OPERATOR'S LICENSE ISSUED BY THE ILLINOIS GAMING BOARD IN ACCORDANCE WITH THE PROVISIONS OF THE VIDEO GAMING ACT, 203 ILCS40/1, ET SEG., AND IS NOT IN VIOLATION OF THE VIDEO GAMING ACT OR ANY ILLINOIS GAMING BOARD RULES OR REGULATIONS

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

THE NUMBER OF VIDEO GAMING ESTABLISHMENT LOCATIONS SERVED BY A TERMINAL OPERATOR IN THE VILLAGE OF ROSEMONT MAY NOT EXCEED 20% OF THE ALLOWABLE VIDEO GAMING LOCATIONS IN THE VILLAGE (CURRENTLY NO MORE THAN 8 LOCATIONS)

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

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

¹ Note, if this an application for a license renewal, or an application for a second location, the applicant may rely upon documentation previously submitted upon providing a sworn notarized certification identifying: (1) the previous submittals being relied upon; (2) the extent to which the previously submitted information remains true and correct; and (3) any new information to the extent it has changed from the previous submittal.



VILLAGE OF ROSEMONT

HEALTH & LICENSE DEPARTMENT

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

(847) 825-4404

VIDEO GAMING TERMINAL OPERATORS 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"/> AFFDAVITS SUBMITTED		CHECK NUMBER: _____
<input type="checkbox"/> COPY OF IGB LICENSE		
<input type="checkbox"/> APPLICATION FEES RECEIVED		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
<input type="checkbox"/> TAX RECEIVED		
_____ TERMINALS; \$ _____		

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 [TERMINAL OPERATOR] [LEGAL NAME AND ASSUMED NAME, IF DIFFERENT]:

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 'TERMINAL OPERATORS' LICENSE:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

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 (IGB), BEEN THE SUBJECT OF ANY IGB ENFORCEMENT ACTION OR OTHERWISE BEEN THE SUBJECT OF ANY LICENSE REVOCATION, SUSPENSION OR OTHER ENFORCEMENT ACTION 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 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.

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 1 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 LICENSE GRANTED PURSUANT TO SUCH APPLICATION.

I FURTHER GIVE THE VILLAGE OF ROSEMONT PERMISSION TO REQUEST AT ANY TIME, A COPY OF ANY AND ALL APPLICATIONS AND SUPPORTING DOCUMENTATION SUBMITTED TO THE ILLINOIS GAMING BOARD FOR A TERMINAL OPERATORS LICENSE AND AGREE TO PROVIDE SUCH INFORMATION UPON REQUEST.

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 ELIGIBILITY QUESTIONS AND AN AFFIDAVIT FOR SECTION 2. ADD ADDITIONAL SHEETS AS NECESSARY.

NAME: _____ TITLE: _____

STATUS: OFFICER DIRECTOR LLC MANAGER LLC MEMBER PARTNER OTHER:

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY # _____

DRIVERS LICENSE/STATE ID #: _____ STATE ISSUED: _____

NAME: _____ TITLE: _____

STATUS: OFFICER DIRECTOR LLC MANAGER LLC MEMBER PARTNER OTHER:

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY # _____

DRIVERS LICENSE/STATE ID #: _____ STATE ISSUED: _____

NAME: _____ TITLE: _____

STATUS: OFFICER DIRECTOR LLC MANAGER LLC MEMBER PARTNER OTHER:

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY # _____

DRIVERS LICENSE/STATE ID #: _____ STATE ISSUED: _____

NAME: _____ TITLE: _____

STATUS: OFFICER DIRECTOR LLC MANAGER LLC MEMBER PARTNER OTHER:

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY # _____

DRIVERS LICENSE/STATE ID #: _____ STATE ISSUED: _____

NAME: _____ TITLE: _____

STATUS: OFFICER DIRECTOR LLC MANAGER LLC MEMBER PARTNER 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 BEEN CONVICTED OF:

1. A FELONY UNDER ANY STATE OR FEDERAL LAW?..... YES NO

2. ANY GAMBLING OFFENSE?..... YES NO

PROVIDE A DETAILED EXPLANATION AND DETAILED DOCUMENTATION FOR ALL "YES" ANSWERS:

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 RESPONDING INDIVIDUAL EVER HAD ANY INVOLVEMENT OR RELATIONSHIP WITH ANY ENTITY AS EITHER A MANAGER, MEMBER, OFFICER, DIRECTOR OR OWNER THAT HAS HAD A 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 RESPONDING INDIVIDUAL EVER HAD ANY ENFORCEMENT OR INVESTIGATORY ACTIONS TAKEN AGAINST THEM BY THE ILLINOIS GAMING BOARD OR BY ANY OTHER BODY CHARGED WITH THE LICENSING/RGULATION 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 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 3
VIDEO GAMING ESTABLISHMENT INFORMATION**

BUSINESS NAME OF LICENSED VIDEO GAMING ESTABLISHMENT:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	BUSINESS EMAIL:	
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.