



100 Parkers Mill • Oswego, IL 60543
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COIN OPERATED AMUSEMENT DEVICE REGISTRATION APPLICATION

Please return completed Application and Fee to Village Clerk

License Fee: \$100.00 per device

License Period January 1 through December 31

1. Applicant Name: _____ Date: _____

2. Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Zoning Classification: _____

Character of Business (Principle Business Activity) or objectives for corporation: _____

Length of time the Applicant has been in a business of this character: _____

Number of Amusement Devices: _____ Total Fee Included: \$ _____

(Please complete the attached list)

3. Name of Building Owner: _____

Address of Building Owner: _____

Mailing Address of Building Owner (if different): _____

Phone Number: _____ Email Address: _____

4. Has a liquor license been issued or applied for? Yes No **If yes, complete below:**

(Affects scope of background check and number of licenses that can be issued.)

Liquor License # _____ Full Name of Applicant _____

D.O.B.: _____ Race: _____ M/F: _____ Citizenship: _____

If yes, skip to Question 10

*** OFFICE USE ONLY ***

License No.: _____ Date of Issuance: _____ Issued By: _____

Fee: \$ 100.00 x _____ Number of Amusement Devices = Total Due with Application: \$ _____

APPLICANT Information

5. Applicant Name: _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

Place of birth: _____

Mailing Address (if different): _____

Telephone number: _____ Alternate Number: _____

Are you a Sole Proprietor? Yes No **If yes, skip to Question 10**

BUSINESS OWNERSHIP Information

Please provide the following information regarding how the business was created and is owned:

Corporation Partnership Limited Liability Corporation (LLC)

6. Business Owner Name: _____

Business Owner Address: _____

Mailing address (if different): _____

Contact person: _____ Telephone number: _____

Date of Incorporation and objects for which corporation was incorporated: _____

7. If the majority interest of said corporation/partnership/membership is owned by one (1) person or his nominees, please provide the full name and address:

Name _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

8. Full name and address of all partners and list principal business activity of each partner. If a naturalized citizen, please list the date and place of naturalization.

(a) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

(b) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

(c) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

(d) _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

Principle Business Activity: _____

LOCAL CONTACT Information

9. Full name and address of registered agent and local manager.

Agent _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

Manager _____ Driver's License Number: _____

Address: _____

D.O.B.: _____ Race: _____ M/F: ____ Citizenship: _____

10. Coin Operated Device Vendor: _____

Business Address: _____

Business Phone No: _____ Email Address: _____

11. Has the applicant been convicted of a felony? Yes No If yes, please explain:

12. Has the applicant been convicted in the past three years of: keeping a place of prostitution; pimping; pandering; soliciting for a prostitute; gambling; keeping a gambling place or any offenses involving bodily harm:

Yes No If yes, please explain: _____

13. Has the applicant had an amusement device license revoked? Yes No If yes, please explain:

14. Does the applicant own the premises? If not, the applicant must provide a copy of a valid lease for the entire term of the license.

15. Is the applicant a distributor of amusement devices? Yes No

16. Description of the premises or place of business which is to operate under the license:

17. The liquor commissioner may waive the fingerprint requirement. Fingerprinting of corporate shareholders or LLC members may also be waived when it would not be practical. The license holder will be notified if fingerprinting is required. If required, all applicants including individuals, partners or shareholders of corporations and members for LLC's shall submit fingerprints as a part of the application and shall pay a one hundred dollar (\$100.00) fee for said fingerprints. The fingerprint fee shall apply to the second and each subsequent person named per application.

18. Will you familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the Village of Oswego, pertaining to the operation of coin operated amusement devices and abide by all of them?

Yes No

19. Have you, or in the case of a corporation, the local manager, or in the case of a partnership any of the partners, ever been convicted of any violation of any law pertaining to the operation of coin operated amusement devices?

Yes No If yes, please explain: _____

20. Have you ever been convicted of a gambling offense (if a partnership or a corporation, include all partners and the local manager.) Yes No

21. Have you ever been issued a federal gaming device stamp or a federal wagering stamp (if a partnership or a corporation, include all partners and the local manager in answer)?

Yes No If yes, please give details _____

List all Coin Operated Devices. If you need additional space, please attach a separate sheet.

	Description	Cost
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total Fee Included (100.00 x Number of Amusement Devices)		\$

Please read the following and attach copies of the appropriate information:

- Attach license fee of \$100 per device.
- Attach a copy of a valid lease if the applicant does not own the premises.

- I understand that in the event there has been a change of ownership a new Application for Coin Operated Device License must be completed.

PENALTY: Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class IV fine, plus applicable hearing costs, as provided in subsection 1-4-3G of this code.

I understand any misrepresentations submitted may be cause for denial and revocation of the license. The undersigned does hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the person or persons applying for such license are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will review the Village of Oswego Code of Ordinances, the State of Illinois Compiled Statutes and the Laws of the United State of America and is not disqualified by reason of any matter or thing contained in this document.

Signed: _____ Date: _____
(Authorized Signature)

Title: _____

CONSENT TO CONDUCT BACKGROUND CHECK

TO WHOM IT MAY CONCERN

I authorize and empower the Village of Oswego Police Department to obtain, prepare, use and furnish information concerning my general reputation, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends of associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request I understand that said Police Department will provide me with information regarding the scope of the investigation if one was/is made.

Signature: _____

Printed Name: _____

Address: _____

Date: _____

