



100 Parkers Mill • Oswego, Illinois 60543  
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**COIN OPERATED AMUSEMENT DEVICE REGISTRATION APPLICATION**  
**(Please return completed Application and Fee to Village Clerk)**

1. Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

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

Business Phone Number(s): \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

2. Number of Amusement Devices: \_\_\_\_\_ Total Fee Included: \$ \_\_\_\_\_

3. Name of Business Owner: \_\_\_\_\_

Address of Business Owner: \_\_\_\_\_

Mailing Address of Business Owner (if different): \_\_\_\_\_

Name of Building Owner: \_\_\_\_\_

Address of Building Owner: \_\_\_\_\_

Mailing Address of Building Owner (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**\*\*\* OFFICE USE ONLY \*\*\***

Registration Number: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Issued by: \_\_\_\_\_

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Fee: \$100.00 X \_\_\_\_\_ Number of Amusement Devices = \$ \_\_\_\_\_ Due with Application

Fee is waived for non-profit establishments with State Gaming License –Please include copy of License.

4. FULL NAME OF APPLICANT: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Applicant's place of birth: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Mailing Address of Applicant (if different): \_\_\_\_\_

Telephone number of applicant: \_\_\_\_\_

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

**IF CORPORATION:**

Name of Corporation: \_\_\_\_\_

Date of Incorporation and objects for which corporation was incorporated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address of corporation: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

\_\_\_\_\_  
Telephone number of corporation: \_\_\_\_\_

Contact person at corporation: \_\_\_\_\_

**IF PARTNERSHIP:**

Name of partnership: \_\_\_\_\_

Address of partnership: \_\_\_\_\_

Mailing address of partnership (if different): \_\_\_\_\_

Telephone number of partnership: \_\_\_\_\_

5. If Applicant is a partnership, give 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) \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

(b) \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

(c) \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

6. If Applicant is a corporation, and the majority interest of the stock of said corporation is owned by one (1) person or his nominees, please provide the full name and address: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

7. If the Applicant is an LLC, please provide the name and address of the managing member, and if a majority of the membership interest is owned by one or more persons, the name and address of such person:

(a) \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

(b) \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

8. If Applicant is a corporation, give 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) \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Principle Business Activity: \_\_\_\_\_

(b) \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Principle Business Activity: \_\_\_\_\_

(c) \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Principle Business Activity: \_\_\_\_\_

(d) \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M / F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Principle Business Activity: \_\_\_\_\_

9. If Applicant is a corporation, give full name and address of registered agent and local manager.

Agent: \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Manager: \_\_\_\_\_ Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

10. Has a liquor license been issued or applied for? (Affects scope of background check and number of licenses that can be issued.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the following information:

Full Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ M/F: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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. If the applicant is a partnership or corporation all members must provide the information required above.

15. 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.

16. Is the applicant a distributor of amusement devices? Yes: \_\_\_\_\_ No: \_\_\_\_\_

17. Description of the premises or place of business which is to operate under the license: \_\_\_\_\_  
\_\_\_\_\_
18. 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.
19. 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? \_\_\_\_\_
20. 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? \_\_\_\_\_ If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_
21. Have you ever been convicted of a gambling offense (if a partnership or a corporation, include all partners and the local manager). \_\_\_\_\_ If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_
22. 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: \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_



