



CITY OF CHILLICOTHE

Office of the City Clerk 908 N SECOND ST., PO BOX 145, CHILLICOTHE, IL 61523
(309)274-5518

APPLICATION – AMUSEMENT LICENSE

IMPORTANT – READ CAREFULLY – This application properly completed and signed must be filed with the City Clerk and must be accompanied by payment (\$25.00 per Amusement device).

Amusement device means any jukebox, billiard or pool table, coin-operated amusement device or automatic amusement device.

The undersigned hereby makes application for Amusement License for the license year beginning May _____, 20____ ending May _____, 20____. **(Please type or print plainly.)**

APPLICANT INFORMATION

Name of Applicant:

Phone:

Cell:

Email:

Address of Applicant:

City:

State:

ZIP Code:

Applicant Date of Birth:

Driver License Number:

Have you been charged or convicted of any violation of Federal, State or Local Law in the last year other than minor traffic violations or parking violations?

Yes

No

If yes, give date of violation, jurisdiction and charge:

IF ADDITIONAL SPACE IS REQUIRED TO ANSWER ANY OF THE ABOVE QUESTIONS,
PLEASE ATTACH SUPPLEMENTAL SHEET

BUSINESS AND INFORMATION

Name under which Business is to be conducted:

Address where License will be used:

City:	State:	ZIP Code:
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Sole proprietorship	Partnership	Corporation	Other:
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If Applicable, Date Incorporated:	FEIN#
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Has any information on your last application changed (officers, shareholders, manager)?	YES	NO
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If yes, please list all new persons, address and position:

Name:	Name:
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Address:	Address:
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City:	City:
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State:	Zip:	State:	Zip:
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Position with Corporation:	Position with Corporation:
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Are you applying for a New License or Renewal?	NEW	RENEWAL
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Number of Amusement devices to be placed at above establishment:	
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AFFIDAVIT

For an in consideration of investigation and consideration by the Mayor of the propriety of issuing said License, the undersigned, being duly sworn, wherewith deposits the License fee required hereunder and agrees to be bound by all the terms and conditions of the Municipal Code of the City of Chillicothe, Illinois, and any amendments thereto. The undersigned further warrants that all statements herein made are true and are material warranties to the issuance of said License.

_____ Signature and Title of Applicant	_____ Date
_____ Signature and Title of Co- Applicant	_____ Date

FOR OFFICE USE ONLY

FEE RECEIVED

Date Received by the City Clerk

Cash

Check #

LICENSE INFORMATION

License #

Date Issued:

Date of Expiration: