

Date: _____

CITY OF CHILLICOTHE

LIC.#: _____

(OFFICIAL USE ONLY)

APPLICATION FOR AMUSEMENT LICENSE

I We hereby apply for my (our) Amusement License for the license year beginning May .20 ending May , 20 .

1. Name of Applicant: _____

2. Name under which Business is to be conducted: _____

3. Address where License will be used: _____

4. Address of Applicant: _____

5. Home Telephone: _____ Business Telephone: _____ Cell Phone _____ Fax # _____
(Street) (City) (Zip)

6. Date of Birth _____/_____/_____ Email: _____

7. Applicants Form of Business (Circle One)
Partnership Association Sole Proprietorship Corporation LLC
If Applicable Date Incorporated _____/_____/_____ FEIN#

8. Has any information on your last application changed (are new persons, officers, or shareholders in your Corporation or Organizations)? _____

9. If yes, list all persons and state positions: _____

10. 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 _____

11. If yes, give date of violation, jurisdiction and charge _____

12. Please indicate, in blanks, Number of machines for which license is requested: Juke Box _____
Billard or Pool Tables ____ Coin-operated amusement devices or automatic amusement machines _____

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

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.

Individual, Corporate President, Partner Signature

Corporate Secretary or Co-Partner Signature

Date: _____

*****Fee Validation Space*****

Date Received: _____

Amount: _____

Check Number: _____