

Mary Jo Pemberton
City Clerk
Rebecca Barbour
Deputy City Clerk



City of Mt. Vernon
1100 Main PO Box 1708
Mt. Vernon, IL 62864
cityclerk@mtvernon.com

618-242-6815
FAX 618-242-6867
www.mtvernon.com

COIN-OPERATED AMUSEMENT DEVICES

Section 11.10

ANNUAL APPLICATION

PLEASE COMPLETE THE ATTACHED INVENTORY

NAME OF APPLICANT/ESTABLISHMENT: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____ TYPE OF LICENSE: _____

VENDOR/OPERATOR NAME: _____

VENDOR/OPERATOR ADDRESS: _____

VENDOR/OPERATOR TELEPHONE: _____

VENDOR/OPERATOR EMAIL: _____

NUMBER OF MACHINES _____ \$50 Fee Required for Each Machine (No Alcohol Sold) = \$ _____

NUMBER OF MACHINES _____ \$75 Fee Required for Each Machine (Alcohol Sold) = \$ _____

TOTAL ENCLOSED \$ _____

PLEASE COMPLETE THE ATTACHED INVENTORY

DATE

SIGNATURE OF APPLICANT

STATE OF ILLINOIS)
COUNTY OF JEFFERSON) SS

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

(SEAL)

NOTARY PUBLIC

Continued

Coin-Operated Amusement Devices
Annual Application

	Name of Device	Description of Device	Serial Number of Device	IL License Tag Tax Number	OFFICE USE ONLY <i>City License Number</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Filed this _____ day of _____, 20_____.

City Clerk of Mount Vernon, Illinois

(SEAL)