

Rebecca Barbour
City Clerk



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COIN-OPERATED AMUSEMENT DEVICES

Chapter 113

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					

City Clerk of Mount Vernon, Illinois