



Video Gambling Terminal Permit Application G – 1 & G – 2

FISCAL YEAR JULY 1, 2016 THROUGH JUNE 30, 2017

of Terminals _____ x \$1,010 per device = \$ _____

APPLICANT INFORMATION:
BUSINESS NAME _____
ADDRESS _____
CITY & STATE _____ PHONE _____
OWNER/MANAGER _____ CONTACT EMAIL _____

LOCATION OF DEVICES: (IF MORE THAN ONE LOCATION ATTACH ADDITIONAL SHEETS)
BUSINESS NAME _____
ADDRESS _____
CITY & STATE _____ PHONE _____
OWNER/MANAGER _____
TYPE & NUMBER OF TERMINAL[S] _____

I hereby certify that the information listed above is a complete and accurate description of each video gambling terminal located at the address(s) indicated.

SIGNATURE OF APPLICANT

DATE

Please return the application, licensing fee and a copy of the license from the State of Illinois for each video gambling terminal on the premises to: →

City of Urbana
400 S. Vine Street
Urbana, IL 61801

For Office Use Only

Date Received _____

License Period: Date of Issue _____ Expires June 30, 2017

Liquor License # _____ Business # _____

Liquor License Class(s) _____

Video Gambling Terminal Sticker Number (s) _____