



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

FISCAL YEAR JULY 1, 2019 THROUGH JUNE 30, 2020

of Terminals _____ x \$1,080 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 FINANCE OFFICE USE ONLY

Date Received _____
License Period: Date of Issue _____ Expires: June 30, 2020
Liquor License # _____ Business # _____
Liquor License Class(s) _____
Video Gambling Terminal Sticker Number (s) _____