

| APPLICANT INFORMATION:      |                        |   |
|-----------------------------|------------------------|---|
| CORPORATE NAME              |                        | _ |
|                             | TITLE                  |   |
| CONTACT PHONE               | EMAIL                  |   |
|                             |                        |   |
| LOCATION OF DEVICES:        |                        |   |
| DBA                         |                        |   |
| URBANA LOCATION (STREET & Z | IP CODE)               |   |
| Owner/Manager name          |                        |   |
| PHONE                       | EMAIL                  |   |
| TYPE & NUMBER OF TERMINAL[S | /VIDEO GAMING OPERATOR |   |
|                             |                        |   |
|                             |                        |   |
|                             |                        |   |
|                             |                        |   |
|                             |                        |   |
|                             |                        |   |

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

SIGNATURE OF APPLICANT

DATE

Please return the application and a current copy of your video gaming license from the State of Illinois.

| FOR OFFICE USE ONLY                        |  |  |
|--|--|--|
| Urbana Business Account #                  |  |  |
| Liquor License Classification #            |  |  |
| Assigned Video Gaming Terminal Sticker #'s |  |  |
|  |  |  |
| Annual or Semi-Annual Payment?             |  |  |