



# VILLAGE OF CARY

ADMINISTRATION DEPARTMENT

755 Georgetown Drive

Cary, IL 60013

Phone: 847.639.0003

## Coin Operated Amusement Device License Application

**\*YOU CANNOT OPERATE COIN-OPERATED AMUSEMENT DEVICES WITHOUT A VALID AMUSEMENT LICENSE\***

Coin operated amusement devices are any machine which, upon the insertion of a coin, token or credit card, may be operated by the public generally for use as a game, entertainment or amusement, whether or not registering a score. It includes such devices as jukeboxes, coin operated billiard games, bowling games, marble machines, pinball machines, movie rental machines, electronic video games, skill ball, mechanical grab machines and all games which are electronic or electronically operated.

The following documents are **REQUIRED** upon submitting your application:  
**PLEASE USE THIS AS A CHECKLIST WHEN ASSEMBLING YOUR APPLICATION**

DOCUMENTS:	INCLUDED?
1. This completed application with the required information printed or typed in the spaces provided. This form <b>MUST</b> bear an <u>original signature</u>	Y / N
2. Cash, Business Check, Cashier's Check, or Money Order payable to the Village of Cary	Y / N

**COIN OPERATED AMUSEMENT DEVICE LICENSES ARE \$66.00 PER MACHINE**

**\*FAILURE TO INCLUDE ALL REQUIRED ITEMS MAY RESULT IN A DELAY IN RECEIVING YOUR LICENSE\***

**Note: All Village Licenses Expire April 30<sup>th</sup> Following Issuance**

### OFFICIAL USE ONLY

**THIS SECTION TO BE COMPLETED BY VILLAGE STAFF**

Business Name: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Application Year: \_\_\_\_\_ License Type: **COIN AMUSEMENT**

Number of Machines: \_\_\_\_\_ x **\$66.00** = Total Fee: **\$** \_\_\_\_\_

**1. APPLICANT**

NAME \_\_\_\_\_

PRIMARY ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

**2. STATUS OF BUSINESS**

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State.

SOLE PROPRIETORSHIP      DATE FILED W/ COUNTY CLERK \_\_\_\_\_

LIMITED LIABILITY CO.      DATE FORMED \_\_\_\_\_

PARTNERSHIP      DATE OF INFORMATION \_\_\_\_\_

ILLINOIS CORPORATION      DATE OF INCORPORATION \_\_\_\_\_

FOREIGN CORPORATION      STATE OF INCORPORATION \_\_\_\_\_

DATE QUALIFIED TO DO BUSINESS IN IL \_\_\_\_\_

**3. OWNERSHIP INFORMATION**

Provide the owner/officer/partner information in accordance with the business status described under Question 2 (Status of Business). This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%. The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer, or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors, and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or managers or agents conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than 5% interest. All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors, and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

**BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 5 – ELIGIBILITY.**

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, zip code, title/position, and percentage of ownership. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under D. If property is owned by Land Trust, Trustee must file affidavit disclosing names and addresses of all beneficial owners and percentage of interest.

**A.** NAME (LAST, FIRST, MI) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

**B.** NAME (LAST, FIRST, MI) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

**C.** NAME (LAST, FIRST, MI) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

**D.** TOTAL PERCENTAGE OF ALL STOCK BY ALL PERSONS WITH LESS THAN 5% INTEREST: \_\_\_\_\_ %

**E.** Will this business be conducted by a Manager or Agent?  YES  NO

If yes, Manager or Agent must provide the following information:

NAME (LAST, FIRST, MI) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ U.S. CITIZEN?  YES  NO

IF NO & NATURALIZED CITIZEN:

WHEN & WHERE? \_\_\_\_\_

**4. BUSINESS PREMISE INFORMATION**

**A. NAME / DOING BUSINESS AS (D/B/A)**

Enter the name of the business at the licensed premises.

**NOTE! THIS IS THE NAME THAT WILL BE PRINTED ON THE LICENSE**

NAME / DOING BUSINESS AS (D/B/A) \_\_\_\_\_

**B. TELEPHONE / E-MAIL**

Enter the area code/telephone number/extension at the business premise location.

TELEPHONE # (INCLUDE AREA CODE) \_\_\_\_\_ EXT. \_\_\_\_\_

EMAIL \_\_\_\_\_

**C. ADDRESS**

Enter the address, city, state and zip code of the business premises.

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**D. BUSINESS TYPE**

Check one box which best describes the type of business. If the selections listed are inappropriate, describe the business under "other".

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> DRUG STORE / PHARMACY   | <input type="checkbox"/> LIQUOR STORE     | <input type="checkbox"/> SMALL GROCERY |
| <input type="checkbox"/> RESTAURANT              | <input type="checkbox"/> DEPARTMENT STORE | <input type="checkbox"/> GAS STATION   |
| <input type="checkbox"/> CONVENIENCE             | <input type="checkbox"/> BAR/TAVERN       | <input type="checkbox"/> OTHER _____   |
| <input type="checkbox"/> SUPERMARKET             | <input type="checkbox"/> SPECIAL EVENT    |  |
| <input type="checkbox"/> CONVENIENCE STORE / GAS |   |  |

**E. OWN/LEASED PREMISES**

Does applicant own premises for which license is sought?  YES  NO

If NO, your lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state and zip code.

**IMPORTANT: Attach a copy of the lease agreement for the full period for which the license is issued.**

LANDLORD NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**5. ELIGIBILITY QUESTIONS**

Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?

Yes  No If Yes, explain: \_\_\_\_\_

Are you delinquent under the "cash beer" law?

Yes  No If Yes, explain: \_\_\_\_\_

Are you delinquent under the "30-day credit law"?

Yes  No If Yes, explain: \_\_\_\_\_

Have you ever applied for and been denied a liquor license?

Yes  No If Yes, explain: \_\_\_\_\_

Has any liquor license previously issued to applicant by State, Federal or Local Authorities been revoked?

Yes  No If Yes, explain: \_\_\_\_\_

Have you or applicant ever been convicted of any crime under the Criminal Code of Illinois or Under the Federal State Prohibition or Liquor Act?

Yes  No If Yes, state offense: \_\_\_\_\_

Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the act which includes offenses enumerated in 720 ILCS 5/28-1(a)1-11, "gambling;" 720 ILCS 5/28-1.1(a)-(d) "syndicated gambling;" and 720 ILCS 5/28-3 "keeping a gambling place"?

Yes  No If Yes, explain: \_\_\_\_\_

Do you possess a current federal wagering stamp? (Issued by the United States Internal Revenue Service to tax wagering activity)

Yes  No If Yes, explain: \_\_\_\_\_

Are you, or any other person with a direct interest in your place of business, a public official or law enforcement official, Mayor, Trustee, Member of the Village Commission or Member of a County Board, in the same jurisdiction as the license?

Yes  No If Yes, explain: \_\_\_\_\_

If operating as a sole proprietorship or a partnership, are you or your partner(s) currently not citizens of the United States or resident aliens with legal status?

Yes  No If Yes, explain: \_\_\_\_\_

Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? (5 ILCS 100/10-65(c))

Yes  No If Yes, explain: \_\_\_\_\_



**7. NOTARIZED SIGNATURE / TITLE / DATE**

**Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, a partner or an officially authorized agent of the business. The signature must be an original. Rubber stamps not accepted.**

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct; they are made upon my personal knowledge and information; they are made for the purpose of requesting the Village of Cary to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the Village of Cary, United States of America or The State of Illinois, in particular, the Illinois and Local Liquor Control Act, rules and regulations, and the civil rights sections thereof.

Further, I agree to notify this commission within 30 working days of changes in any of the above information. (Note: If the person signing this application is not listed In Section 3, they must provide the Village of Cary with their personal information as indicated in Section 3 even if they do not own 5% or more of the business.

_____ SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	_____ TITLE / POSITION	_____ DATE
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**Subscribed and Sworn to Before Me**

This \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**