



10 Municipal Drive
Sugar Grove, Illinois 60554
Phone 630/466-4507
Fax 630/466-4521
www.sugar-grove.il.us

Application for Electronic Amusement Machine License

The undersigned hereby applies for a license to conduct the business of Electronic Amusement Machines in the Village of sugar Grove and states under oath the following facts are true:

That the name under which the business is to be conducted is:

Please check the appropriate ownership category:

- Individual *Applicant and Waiver forms must be completed.*
- Partnership *Applicant (for each partner) and Waiver forms must be complete*
- Corporation *Applicant(for each director) and Waiver forms must be completed*

Square footage of business, (not including kitchens, storage areas, patios, decks, office areas, behind bars, or any non-public access area) is: _____

That the type and number of devices are:

| | |
|---------------------|----------------------|
| Bowling Machines | <input type="text"/> |
| Juke Boxes | <input type="text"/> |
| Billiard Tables | <input type="text"/> |
| Bowling Alley Lanes | <input type="text"/> |
| Video Games | <input type="text"/> |
| Other _____ | <input type="text"/> |

The undersigned makes these statements above to induce the Village of Sugar Grove to issue all the licenses herein applied for and aggress to comply with all laws and ordinances of the Village applicable to the subject matter hereof.

Signed this _____ day of _____, 20_____.

Signature and title of person completing this form

Applicant information

The following application shall be answered in full by the applicant(s) without any intent to conceal or any reservation whatsoever.

Name: _____

Title: _____ Length of time in business: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone : (_____) - _____ Drivers License Number: _____

Date of Birth: _____ Place of Birth: _____

Applicant has never had a license to conduct the business as herein described denied or revoked, except as follows: _____

I certify that the above statements are correct and that I will not violate any laws of the State of Illinois or of the United States or any ordinance of the Village of Sugar Grove.

Signature: _____

Authorization release of information

I authorize and empower the Village of Sugar Grove, Department of Police, any consumer reporting agency or other outside service company engaged by said Village or Department for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristic and mode of living, through correspondence or personal interviews with neighbors, friends, associates or other with whom I am acquainted or who may have knowledge concerning any of the above items.

Date: _____ Signature: _____