

VILLAGE OF LAKE BARRINGTON, ILLINOIS

APPLICATION FOR AMUSEMENT DEVICE LICENSE(S)

(Please Print or Type)

SUBMIT COMPLETED APPLICATION TO: Village Clerk, Village of Lake Barrington
23860 Old Barrington Road
Lake Barrington, IL 60010

- NOTES: I. All licenses shall be for a term of one (1) year, beginning May 1 and ending the following April 30.
II. License fees are \$100.00 per device per year, and late fees are \$50.00 per device per month.
III. All Applications must comply with Section 4-1-9, "Amusement Devices", of Title 4 of the Lake Barrington Village Code, copies of which may be obtained from the Village Clerk. All Applications must be accompanied by a floor plan of the proposed premises which shall include, but not be limited to the following: (1) square footage of the premises; (2) exiting (door locations); (3) seating arrangement; (4) amusement device locations; (5) aisle widths; (6) emergency and exit lighting; (7) bathroom locations; (8) schematic of electrical system, inclusive of floor plan; and (9) if electrical work is to be completed, an application or electrical permit, together with a schematic of the electrical system, inclusive of the floor plan.

Date of Application: _____ Date Application Received by Village Clerk: _____

Term: Beginning May 1, 20____ and ending April 30, 20____.

Name of Applicant: _____

Applicant Address: _____

Applicant Contact Name: _____

Contact Telephone Number: _____

Contact Email Address _____

What is the principal kind of business of the Applicant? _____

- Is Applicant: The Owner of the Amusement Device(s)
 The Lessee of the Amusement Device(s)
 The proprietor in whose place of business the amusement device(s) is to be placed
 Other, explain: _____

Place where the amusement device(s) is to be displayed and/or operated:

Location Name _____

Location Address _____

Location Contact Name _____

Location Telephone Number _____

Type of business conducted at such place: _____

INDIVIDUALS: If Applicant is an individual, please provide the following:

Applicant's Date of Birth: _____ Applicant's Place of Birth: _____
Address: _____

If Applicant is a **PARTNERSHIP**, please provide the following for all general or limited partners.
If Applicant is a **CORPORATION, CLUB, ASSOCIATION OR SOCIETY**, please provide :

Name: _____ Date of Birth: _____
Address: _____

Who is a: Partner Officer Manager Director Shareholder
 Owns of record five percent (5%) or more of the corporation's stock or interest in partnership

Name: _____ Date of Birth: _____
Address: _____

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Address: _____

Who is a: Partner Officer Manager Director Shareholder
 Owns of record five percent (5%) or more of the corporation's stock or interest in partnership

State the name(s) of and whether any partner, officer, manager, director, or shareholder owning five percent (5%) or more of the stock in the corporation has ever been convicted of a felony or has ever forfeited an appearance bond on a felony charge, and state any prior convictions of such person(s) for any violation of the gaming laws of the State of Illinois or any other State, or of any federal gaming law(s):

Name: _____ Position/Title _____
Prior convictions: _____

Name: _____ Position/Title _____
Prior convictions: _____

Will corporate business be conducted by a manager or agent? Yes No
If Yes, state the name, address, and authority of any such manager or agent:

Provide a statement of the personal history of the manager or agent to be conducting business for the Applicant: _____

The Application must be notarized. If Applicant is a partnership, Application must be signed by a partner; if Applicant is a corporation, club, association, or society, Application must be signed by an officer. The person signing this Application certifies the following:

I hereby certify under oath that this Application is true and correct, and if signed on behalf of a corporation or partnership, I hereby further certify that I am an authorized officer or partner of _____ and have the power and authority to execute this application on behalf of the above-named corporation or partnership.

Signature of Applicant

Title

SUBSCRIBED AND SWORN TO BEFORE ME
THIS ____ DAY OF _____, 20____.

[Seal]

Notary Public

FOR OFFICE USE ONLY:

FEES PAID:

License Fees: \$ _____
Late Fees: \$ _____
TOTAL FEES PAID \$ _____

APPLICATION: [] APPROVED [] NOT APPROVED

Signature: _____ Date: _____

Village Clerk

If Application is approved: License Number(s) Assigned: _____

Number of stickers issued to Applicant: _____

License Year: May 1, 20____ to April 30, 20____

FLOOR PLAN: [] APPROVED [] NOT APPROVED

Signature: _____
Department of Building and Planning Title

Date: _____

If floor plan is not approved, briefly indicate reason for disapproval: _____

AMUSEMENT DEVICES

Name of Device	Manufacturer	Features, mechanical and/or electronic	Device owned by Applicant? Yes or No	If device not owned by the Applicant, state name and address of device's owner.