



EMBRACE OPPORTUNITY
HONOR TRADITION

234 S. State Street
Hampshire, IL 60140

Phone: (847) 683-2181
Fax: (847) 683-4915
www.hampshireil.org

APPLICATION FOR AMUSEMENT DEVICE

DATE: _____

NAME OF BUSINESS: _____ SALES TAX ID: _____

NAME OF APPLICANT: _____

ADDRESS OF BUSINESS : _____

BUSINESS PHONE NO.: _____

MAILING ADDRESS: _____

BUSINESS EMAIL ADDRESS: _____

TO: President and Board of Trustees
Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IV, Amusements, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 120 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for a Coin Operated Amusement Device License as follows:

- License Period: _____
Commencing on January 1, _____ and ending December 31, _____ or
Commencing on _____ and ending December 31, _____

- Type of Business Entity (check one):

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (specify)

- The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: _____

BIRTHDAY: _____

HOME ADDRESS: _____

DRIVERS LICENSE# _____ HOME PHONE# _____

BUSINESS STATUS: _____

PERCENTAGE OF STOCK HELD: _____

Name: _____

BIRTHDAY: _____

HOME ADDRESS: _____

DRIVERS LICENSE# _____ HOME PHONE# _____

BUSINESS STATUS: _____

PERCENTAGE OF STOCK HELD: _____

4. Is the applicant a citizen of the United States? _____

If naturalized, state date and place of naturalization: _____

If an Illinois corporation, state date of corporation: _____

If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. _____

5. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. _____

6. State the total number of coin operated amusement devices to be licensed, the trade name and general description of each device. _____

7. If the coin operated amusement devices to be licensed are not owned by the applicant, state the name and the address of the owner of such device. _____

8. State whether the applicant has ever been convicted of a felony offense under Federal or State law? _____

9. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Village President and Board of Trustees and that such violation may result in the suspension or revocation of said license? _____

10. Does the applicant understand and agree that the Village President and Board of Trustees and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said license in connection therewith? _____

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. _____

Sec. _____

STATE OF _____)

) SS

County of _____)

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this

_____ day of _____, _____.

Notary Public