



Village of Downs
 211 S. Seminary, PO Box 18
 Downs, IL 61736-0018
 Voice/Fax: 309-378-3221
 Email: DownsVillageHall@hotmail.com
 Website: www.VillageOfDowns.org

Mayor, Village Board and Clerk

President/Mayor	Water/Sewer/ President Pro Tem	Parks/Youth Center/Food Pantry	Streets	Public Safety/Services	Finance	Building	Clerk
Mike James	Mike Freimann	Mary Goveia	Danny Lush	Maureen Roach	Susan Luke	Paul Myszka	Julie James

APPLICATION FOR VIDEO GAMING LICENSE

Date: _____

The undersigned hereby certifies the following facts:

1. Applicant's (exact) corporate name: _____

 (Corporate representative making Application)

2. Name under which business is authorized to conduct business: _____
3. Location of place of business for which license is sought: _____

 (exact address by street and number)

 (telephone number)
 _____ @ \$25 / terminal = \$_____ Total
4. Number of Video Gaming Terminals to be operated: _____
5. Type(s) of Video Gaming Terminals to be operated:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
6. Name of Licensed Video Gaming Terminal Operator: _____
7. Have you made application for a similar license for a premise(s) other than described in this Application? _____ (Yes/No)
 If so, give date, location of each premises and disposition of application: _____

8. Has any license previously issued to you by State, Federal or local authorities been revoked? _____ (Yes/No)
 If so, state reasons for the revocation and date of revocatio: _____

Please submit the following with this Application:

- a) A copy of a valid Illinois Gaming Board License (Mandatory requirement for consideration of this Application)
- b) A copy of a valid Illinois Liquor License (Mandatory requirement for consideration of this Application)
- c) A twenty-five and 00/100s dollar (\$25.00) nonrefundable registration fee per video gaming terminal

**Each Video Gaming Terminal requires an individual license*

Other Positions and Committee Chairs

Public Works Superintendent
 Kevin Whitehouse

Treasurer
 Alan Zwilling

Zoning Enforcement
 Lyndall Cuba

Zoning Board Chairperson
 Linda Bowman



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AFFIDAVIT

State of Illinois)
County of McLean) SS

The undersigned, being first duly sworn on oath or affirmation, warrants and represents that the undersigned has the authority to bind the undersigned and bind the business entity making application to the Village of Downs as set forth in said Application. The undersigned further warrants and represents that the undersigned, individually and on behalf of the officers and directors of any business entity named in this application, shall not violate any of the ordinances of the Village of Downs or the laws of the State of Illinois or of the United States of America in the operation of the place of business described herein and that the statements contained in this application are true and correct to the best of the knowledge of the undersigned.

(Any intentional misrepresentation made by any applicant shall be cause for denial or revocation of any license granted by the Village of Downs)

SUBSCRIBED and sworn to _____
before me this _____ day _____ Signature and Title
Of _____,
A.D. 20__ .

Notary Public

(Corporate Seal)

IMPORTANT

If the Applicant is a corporation or LLC, attach a copy of the by-laws and/or Resolution authorizing the applicable parties to sign this Application.

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