

**COMPLETE AND RETURN THIS APPLICATION FOR COIN-OPERATED AMUSEMENT DEVICE**

This is solely an application and is not permission to operate the device hereafter described until all ordinances of the Village of Summit have been complied with and an official license has been issued by the Village Clerk. I understand the acceptance of the license fee does not give the undersigned permission to operate.

*(Please Typewrite or Print)*

Name of Licensee \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

Name of Operator \_\_\_\_\_ Address \_\_\_\_\_

Address of Premises where machine is to be located \_\_\_\_\_

Telephone No. of Business \_\_\_\_\_

Sales or Occupational Tax No. \_\_\_\_\_

Name of Business Owner \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

If Corporation, President \_\_\_\_\_ Secretary \_\_\_\_\_

Registered Agent \_\_\_\_\_ Address \_\_\_\_\_

Owner of Premises \_\_\_\_\_

Address of Owner \_\_\_\_\_

Type of Business \_\_\_\_\_

Gross Floor Area \_\_\_\_\_  
*(Minimum - 500 Sq. Ft. / Maximum - 2500 Sq. Ft.)*

Denomination of Coin to be used \_\_\_\_\_

Trade Name, General Description and Serial No. of Device \_\_\_\_\_

Owner of Said Device \_\_\_\_\_ Address \_\_\_\_\_

STATE OF ILLINOIS) SS  
 COUNTY OF COOK) SS  
 I (or we) swear (or affirm) that license, its owners, partners or officers have never been convicted of or pleaded no contest to a crime of moral turpitude or have never been convicted of a felony or unsuccessfully defended a criminal or civic proceeding charging fraud, misrepresentation or unscrupulous business conduct.  
 Subscribed and Sworn-to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

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

\_\_\_\_\_  
 Signature of Applicant  
 (Corporation shall sign by its president and secretary and affix corporate seal.)