



# Amusement Device License Application

FISCAL YEAR JULY 1, 2024 THROUGH JUNE 30, 2025

Mail to: 400 South Vine Street, Attn: Finance Department, Urbana, IL 61801

Device(s) \_\_\_\_\_ x \$ \_\_\_\_\_ per device = \$ \_\_\_\_\_

Game Room: \$1,512.00 (20 or more devices)

## APPLICANT INFORMATION:

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_, \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_

## LOCATION OF DEVICES: (IF MORE THAN ONE LOCATION ATTACH ADDITIONAL SHEETS)

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_, \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_

TYPE & NUMBER OF DEVICE[S] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information listed above is a complete and accurate description of the amusement device(s) located at the address(s) indicated.

(X) \_\_\_\_\_  
SIGNATURE OF APPLICANT

(X) \_\_\_\_\_  
DATE

## For Finance Office Use Only

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expires: June 30, 20\_\_\_\_

License #: \_\_\_\_\_ Business Account #: \_\_\_\_\_

Amusement Device Sticker Number[s]: \_\_\_\_\_

\_\_\_\_\_