

City of St. Charles

2 E. Main Street St. Charles, Illinois 60174 Phone: (630) 377-4422

VIDEO GAMING LICENSE APPLICATION – SITE LICENSE (CLASS V)

- Class V licenses may only be issued to qualified licensed establishments in good standing which have continuously held a class A-4, A-5, B-1, B-2, B-3, C-1, C-2, C-3, D-2, D-3, D-4, D-5, D-6, G-1, or G-2 liquor license, and licensed fraternal and veterans' establishments, except as provided in Section 8(3) of the City Code, and have operated their business on a regular basis for a period of at least one (1) year prior to the date of application for a Class V license.
- It shall be unlawful for any licensee to post or display any advertisement which is visible to the public that advertises gaming terminals are located at the licensed establishment. This includes temporary or permanent signage that may include a business name, name, identification, description, display, illustration or attention-getting device which is affixed to or painted or represented directly or indirectly upon a building or other outdoor surface or lot, and which directs attention to a person, business, product, service, place, organization or entertainment. (Ord. 2015-M-47, 5.09.070 Conditions of License)

| New application: \$1,000 plus \$100 per terminal (limit 6 terminals), due at time of application Expires April 30 following license approval date □ Annual renewal application: \$500 plus \$100 per terminal (limit 6 terminals) | | | | | | |
|--|-------------------------------|--|--|--|--|--|
| NAME AND ADDRESS OF PRE | MISES WHERE MACHINES ARE KEPT | | | | | |
| ESTABLISHMENT NAME: | | | | | | |
| ADDRESS: | | | | | | |
| CITY/STATE/ZIP | PHONE: | | | | | |
| OWNER NAME: | Email | | | | | |
| ADDRESS: | Date of Birth | | | | | |
| CITY/STATE/ZIP | PHONE: | | | | | |
| PRIOR CONVICTIONS: | | | | | | |
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| | | | | | | |

| TERMINAL DISTRIBUTOR COMPANY NAME: | | | | | | | |
|---|---------------------|---------------|-------------------------------------|--------|----------------|--|--|
| CONTACT | Γ NAME and TITLE: | | | | | | |
| ADDRESS: EMAIL: | | | | | | | |
| | | | | | | | |
| ESTABLIS | SHMENT NAME: | | | | | | |
| | Machine Description | Serial Number | Location in Buildi (BE SPECIFIC) | | Sticker Number | | |
| 1. | | | (520.23) | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| Total Fee | e Amount: | L | | | | | |
| Which entity will pay the municipal video gaming license fees? | | | | ☐ Site | ☐ Distributor | | |
| If Distributor will pay for municipal fees, is there a reimbursement agreement in place? | | | | ☐ YES | □ NO | | |
| Do you hold a valid City of St. Charles liquor license? | | | | ☐ YES | □ NO | | |
| Do you have an Illinois Gaming Control Board Video Gaming Terminal License? Attach a copy to this application. | | | | | □ NO | | |

| Do you have a Responsible Gaming Policy? Attach a copy to this application. | □ YES □ NO | | | | |
|---|--------------|--|--|--|--|
| Applicant Signature *MUST BE SIGNED BY LIQUOR LICENSE HOLDER | Date | | | | |
| OFFICE USE: | | | | | |
| Check items to confirm all are confirmed/attached to this | application: | | | | |
| ☐ Has applicant had a B, C, or D liquor license for at least | one year? | | | | |
| ☐ Copy of Illinois Gaming Control Board license and al supporting documents | | | | | |
| ☐ Copy of supplier's Illinois Gaming Control Board license | ! | | | | |
| ☐ Responsible gaming policy that outlines all employee education and training programs, policies, and procedures to promote responsible gaming. If standardized training for responsible gaming becomes available at a future date, it shall be required as part of the Video Gaming License application. | | | | | |
| Approved | Date | | | | |
| Number of terminals authorized on license | | | | | |