



CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984

DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4422

COIN OPERATED AMUSEMENT DEVICES APPLICATION
NON-REFUNDABLE

Important: this application must be fully and accurately completed.

New Renewal

Fees per City Code 5.14.060

\$100 Between 1-5 Devices \$250 Between 6-50 Devices \$500 For 51+ Devices

1. Application date _____ License valid until April 30 following the issue date

2. Applicant is: Corporation Partnership Individual

3. Name of Business _____ Sales Tax # _____

D/B/A _____ Business Phone _____

Business Address: _____ City/State/Zip _____

Principal Type of Business _____

4. Applicant/Owner's Name _____ Contact Phone # _____

Driver's License # _____ Email Address _____

Applicant's Address _____ City/State/Zip _____

5. If Corporation, provide name, address, and birthdate for each officer and director:

Name Address Date of Birth

6. If Corporation, provide name, address, phone number, and birthdate for each person owning 5% or more of the company's stock:

Name Address Date of Birth

7. Has any officer, manager, director, or shareholder owning more than 5% of the corporation's stock ever been convicted of a felony or forfeited and appearance bond on a felony charge? (Yes/No) _____
If Yes, attach explanation to this application.

8. Will this business be conducted by a manager or agent? (Yes/No) _____ If Yes, provide name, address, phone number, and date of birth.

9. Approximate floor area devoted to principal business _____

10. Approximate floor area devoted to amusement game devices _____

11. Approximate total floor area of premises (9 + 10) _____

12. Estimated percentage of gross receipts from business: _____ From amusement devices: _____

13. Provide the following for each device (Note: Arcade establishments may attach separate page listing the required information)

Type of Device	Serial No.	Manufacturer	Owner of Device
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant _____
Signature

Approved: _____

Denied: _____ by: _____ Date _____

Chief of Police