

VILLAGE OF BARRINGTON, ILLINOIS
APPLICATION FOR AMUSEMENT DEVICE LICENSE(S)
(Please Print or Type)

SUBMIT COMPLETED APPLICATION TO: Village Clerk, Village of Barrington
200 South Hough Street
Barrington, IL 60010

- NOTES: I. All licenses shall be for a term of one (1) year, beginning May 1 and ending the following April 30.
II. License fees are \$100.00 per device per year, and late fees are \$50.00 per device per month.
III. All Applications must comply with Article A of Chapter 4, "Amusements", of Title 3 of the Village of Barrington Village Code, copies of which may be obtained from the Village Clerk. All Applications must be accompanied by a floor plan of the proposed premises which shall include, but not be limited to the following: (1) square footage of the premises; (2) exiting (door locations); (3) seating arrangement; (4) amusement device locations; (5) aisle widths; (6) emergency and exit lighting; (7) bathroom locations; (8) schematic of electrical system, inclusive of floor plan; and (9) if electrical work is to be completed, an application or electrical permit, together with a schematic of the electrical system, inclusive of the floor plan.
IV. For more than three (3) electronic amusement devices, a special use permit is required. For more than one (1) billiard table or similar table game, a special use permit is required.

Date of Application: _____ Date Application Received by Village Clerk: _____

Term: Beginning May 1, 20____ and ending April 30, 20____ .

Name of Applicant: _____ Age: _____

- Is Applicant: The Owner of the Amusement Device(s)
 The Lessee of the Amusement Device(s)
 The proprietor in whose place of business the amusement device(s) is to be placed
 Other, explain: _____

Place where the amusement device(s) is to be displayed and/or operated: _____

Type of business conducted at such place: _____

INDIVIDUALS: If Applicant is an individual, please provide the following:

Applicant's Date of Birth: _____ Applicant's Place of Birth: _____
Address: _____
_____ Phone: _____

PARTNERSHIPS, CORPORATIONS, CLUBS, ASSOCIATIONS, or SOCIETIES:

If Applicant is a partnership, please provide the following for all general or limited partners.

If Applicant is a corporation, club, association, or society, please provide the following for all officers and directors.

Name: _____ Age: _____
Date of Birth: _____ Place of Birth: _____
Address: _____
_____ Phone: _____

PARTNERSHIPS, CORPORATIONS, CLUBS, ASSOCIATIONS, or SOCIETIES (*cont'd*):

Name: _____ Age: _____
Date of Birth: _____ Place of Birth: _____
Address: _____
_____ Phone: _____

Name: _____ Age: _____
Date of Birth: _____ Place of Birth: _____
Address: _____
_____ Phone: _____

Name: _____ Age: _____
Date of Birth: _____ Place of Birth: _____
Address: _____
_____ Phone: _____

Name: _____ Age: _____
Date of Birth: _____ Place of Birth: _____
Address: _____
_____ Phone: _____

If Applicant is a PARTNERSHIP, state the name(s), address(es), and date(s) of birth of all person(s), firm(s) and organization(s) owning of record five percent (5%) or more interest in the partnership;
If Applicant is a CORPORATION, state the name(s), address(es), and date(s) of birth of all person(s), firm(s) and organization(s) owning of record five percent (5%) or more of the corporation's stock:

Name: _____ Date of Birth: _____
Address: _____
_____ Phone: _____

Name: _____ Date of Birth: _____
Address: _____
_____ Phone: _____

Name: _____ Date of Birth: _____
Address: _____
_____ Phone: _____

Name: _____ Date of Birth: _____
Address: _____
_____ Phone: _____

Name: _____ Date of Birth: _____
Address: _____
_____ Phone: _____

If Applicant is a CORPORATION, state the name(s) of and whether any partner, officer, manager, director, or shareholder owning five percent (5%) or more of the stock in the corporation has ever been convicted of a felony or has ever forfeited an appearance bond on a felony charge, and state any prior convictions of such person(s) for any violation of the gaming laws of the State of Illinois or any other State, or of any federal gaming law(s):

Name: _____
Who is a: Partner Officer Manager Director Shareholder

Prior convictions: _____

Name: _____
Who is a: Partner Officer Manager Director Shareholder

Prior convictions: _____

Name: _____
Who is a: Partner Officer Manager Director Shareholder

Prior convictions: _____

What is the principal kind of business of the Applicant? _____

Will corporate business be conducted by a manager or agent? Yes No
If Yes, state the name, address, and authority of any such manager or agent:

Provide a statement of the personal history of the manager or agent to be conducting business for the Applicant: _____

Describe each amusement device for which a license is being sought. **List each device separately.**

1) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

Describe each amusement device for which a license is being sought (*cont'd*):

2) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

3) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

4) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

5) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

6) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

7) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

Describe each amusement device for which a license is being sought (*cont'd*):

8) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

9) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

10) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

11) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

12) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

13) Name of Device: _____
Manufacturer: _____
Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No
If No, state name and address of the device's owner: _____

Describe each amusement device for which a license is being sought (*cont'd*):

14) Name of Device: _____

Manufacturer: _____

Features, mechanical and/or electronic: _____

Is the device owned by the Applicant? Yes No

If No, state name and address of the device's owner: _____

The Application must be notarized. If Applicant is a partnership, Application must be signed by a partner; if Applicant is a corporation, club, association, or society, Application must be signed by an officer.

The person signing this Application certifies the following:

I hereby certify under oath that this Application is true and correct, and if signed on behalf of a corporation or partnership, I hereby further certify that I am an authorized officer or partner of _____ and have the power and authority to execute this application on behalf of the above-named corporation or partnership.

Signature of Applicant

Title

SUBSCRIBED AND SWORN TO BEFORE ME

THIS ____ DAY OF _____, 20____.

[Seal]

Notary Public

FOR OFFICE USE ONLY:

FEES PAID:

License Fees: \$ _____

Late Fees: \$ _____

TOTAL FEES PAID \$ _____

APPLICATION: [] APPROVED [] NOT APPROVED

Signature: _____ Date: _____

Village Clerk

If Application is approved: License Number(s) Assigned: _____

Number of stickers issued to Applicant: _____

License Year: May 1, 20____ to April 30, 20____

FLOOR PLAN: [] APPROVED [] NOT APPROVED

Signature: _____

Department of Building and Planning

Title

Date: _____

If floor plan is not approved, briefly indicate reason for disapproval: _____