COUNTY OF FULTON
VIDEO GAMING TERMINAL PERMIT

Corporate/Business Name_____

Individual/Partner Name _____

Business Address _____

Telephone No. _____ Email Address _____

IBT NO. _____ Number of Terminals to be Operated (up to 6) _____

IGB Establishment License # _____
(attach copy of license)

Name and Address of Licensed Video Gaming Terminal Operator _____

_____

IGB VGT License# _____ IGB VGT License# _____

IGB VGT License# _____ IGB VGT License# _____

IGB VGT License# _____ IGB VGT License# _____

Are other Entertainment/Amusement Devices (e.g. jukebox, pool table, etc.) located in the IGB Licensed Establishment?
(Circle one) Yes No
If yes, please list devices in detail

_____

_____

_____

Affidavit

State of _____)

County_____)

The undersigned swear or affirm that the corporation, sole proprietorship, partnership, or limited liability company in whose name this application is being made will not violate any of the Ordinances of the County of Fulton or the laws of the State of Illinois or of the United States of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief.

Subscribed and sworn to before me this _____ day
of _____, _____.

_____
President/Owner/Partner/Member

_____
Notary Public

_____
Secretary/Partner/Member

Application Received _____ Total Paid _____ Copy of IGB License _____