CITY OF CRYSTAL LAKE

APPLICATION FOR AUDIO VIDEO &/OR MECHANICAL AMUSEMENT DEVICE LICENSE

JUNE 1st to MAY 31st

Name of Business:_____

Address: _____

Daytime Phone Number: (_____) _____-_____

APPLICATION IS MADE ON BEHALF OF A SOLE PROPRIETORSHIP:

_____ _____ _____
First Name Middle Initial Last Name

_____
Address City State Zip Code

____/____/_____ (_____) _____-_____
Date of Birth Home Phone Number

Citizenship _____ Place of birth _____

Time and place of naturalization _____

APPLICATION IS MADE ON BEHALF OF A PARTNERSHIP OR CORPORATION:

Legal Name of Partnership or Corporation _____

Firm is a: ☐ Partnership ☐ Corporation

State date of incorporation or date of partnership formation: _____

State object for which it was organized: _____

THE FOLLOWING INFORMATION IS REQUIRED OF <u>ALL PARTNERS, OFFICERS AND DIRECTORS</u>. (If additional room is needed, please attach an additional sheet.)

_____
First Name Middle Initial Last Name Title/Office Held

_____
Address City State Zip Code

_____
Date of Birth Social Security # (Area Code) Home Phone #

Citizenship _____ Place of birth _____

Time and place of naturalization _____

Return completed form to: City of Crystal Lake – 100 W. Woodstock Street – Crystal Lake, IL. 60014 ATTN: City Manager's Office

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First Name Middle Initial Last Name Title/Office Held

Address City State Zip Code

Date of Birth Social Security # (Area Code) Home Phone

Citizenship _____ Place of birth _____

Time and place of naturalization _____

First Name Middle Initial Last Name Title/Office Held

Address City State Zip Code

Date of Birth Social Security # (Area Code) Home Phone

Citizenship _____ Place of birth _____

Time and place of naturalization _____

Character of business of applicant:_____

Length of time applicant has been in business of that character: _____

Has the applicant applied for a similar license at another location? ☐ Yes ☐ No

Please state disposition of that license: _____

Has the applicant ever been convicted of a felony, or disqualified to receive a license for any reason by the laws of this State, or the ordinances of this City? ☐ Yes ☐ No

State whether a previous license by any state, subdivision or Federal Government has been revoked: (If so, state reasons for revocation and date):

_____

_____

CITY OF CRYSTAL LAKE

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Name and address of supplier of game machines: _____

_____ Phone _____

Is supplier furnishing similar machines to other businesses in the City of Crystal Lake?
☐ Yes ☐ No

Number of machines currently being operated under your existing license: _____

	DESCRIPTION OF MECHANICAL AMUSEMENT AUDIO VISUAL DEVICE	**STATE OF ILLINOIS LICENSE NUMBER**
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

(If additional space is needed, please use separate sheet).

Please see Chapter 162 of the Crystal Lake City Code for definitions and more information regarding Amusement Device License Requirements.

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JUNE 1st to MAY 31st

MECHANICAL AMUSEMENT DEVICE LICENSE
(Video Game Machines, etc.)

Restrictions

No more than ten game machines may be permitted in Type A restaurants, taverns and nightclub establishments. No more than 50 game machines may be permitted in commercial recreation restaurants. No more than 20 game machines may be permitted in hotels.

Tiered Fee Schedule

Tier	Operators Fee	Fee Per Machine
☐ Tier 1 (1-5 machines)	$100	$100
☐ Tier 2 (6-10 machines)	$250	$100
☐ Tier 3 (10+ machines)	$500	$100
☐ Tier 4 (Commercial Recreation Restaurant)	$500	$100

$100 x _____ = _____ + _____ = _____

Number of Machines | Subtotal | Operators Fee | Total Fees

AUDIOVISUAL AMUSEMENT DEVICE LICENSE FEES
(POOL TABLES, PHOTO MACHINES, JUKE BOXES, CARTOON MACHINES, ETC.)

	Operators Fee	Fee Per Machine
☐ Audiovisual License Fee	$25	$25

$25 x _____ = _____ + $25 = _____

Number of Machines | Subtotal | Operators Fee | Total Fee

Note: Both Application and Affidavit must be signed as follows: Sole proprietorship by owner, Partnership by both partners, and Corporation by President and Secretary. AFFIDVAVIT MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC.

_____

Full Name Title

_____

Full Name Title

Dated this _____ day of _____, _____.

CITY OF CRYSTAL LAKE

APPLICATION FOR AUDIO VIDEO &/OR MECHANICAL AMUSEMENT DEVICE LICENSE

JUNE 1st to MAY 31st

AFFIDAVIT

STATE OF ILLINOIS)
)
COUNTY OF McHENRY)

I (we) swear that I (we) will not violate any of the ordinances of the City of Crystal Lake or the laws of the State of Illinois or the laws 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 my (our) knowledge and belief.

_____

Full Name Title

_____

Full Name Title

Subscribed and sworn to before me this

_____ day of _____, _____.

_____

Notary Public

My Commission expires: _____