



**VILLAGE OF VILLA PARK**  
20 South Ardmore Ave.  
Villa Park, IL 60181  
Phone (630) 834-8500 \* Fax (630) 834-8967

**APPLICATION FOR LICENSE FOR ELECTRONIC GAME ROOM  
(A/C 10.41020)**

**NEW LICENSE: \$1,000.00**

**RENEWAL LICENSE: \$1,000.00**

**DEVICE LICENSE FEE: \$110.00 x NO. OF DEVICES \_\_\_\_\_**

**\*APPLICANT MUST ALSO OBTAIN AN AMUSEMENT DEVICE LICENSE AND PAY THE APPROPRIATE FEE EACH YEAR.**

**NAME AND ADDRESS OF PREMISES WHERE DEVICES ARE KEPT**

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*IF OWNER IS A PARTNERSHIP OR A CORPORATION, PLEASE FILL OUT THE ATTACHED FORM LISTING EACH PARTNER/SHAREHOLDER.**

SUPPLIER'S NAME AND TITLE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_



If proprietor is a partnership, list ALL partners below.

PARTNER'S NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PARTNER'S NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

If corporation, list every shareholder who owns or controls 5% or more of the stock of the corporation.

SHAREHOLDER'S NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SHAREHOLDER'S NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SHAREHOLDER'S NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

\*Use separate sheet, if needed, for additional names.