



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

**APPLICATION FOR LICENSE FOR COIN-OPERATED AMUSEMENT DEVICE(S)  
(A/C 10.41020)**

- NEW PROPRIETOR: \$125.00**                       **NEW SUPPLIER: \$175.00**  
 **RENEWAL PROPRIETOR: \$75.00**                       **RENEWAL SUPPLIER: \$175.00**

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

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

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

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

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

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

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

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

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

**\*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: \_\_\_\_\_

NAME OF DEVICE	SERIAL NUMBER	DETAILED DESCRIPTION	*FOR SUPPLIER – NAME OF ESTABLISHMENT WHERE MACHINE IS KEPT

\* THE SUPPLIER MUST SUPPLY US WITH A LIST OF ALL DEVICES AND LOCATIONS THEY SUPPLY IN THE VILLA PARK AREA. AN ADDITIONAL PAGE MAY BE ATTACHED IF NECESSARY.

I, the undersigned, have read and understand all ordinances of the Village of Villa Park regulating coin-operated amusement devices and agree to abide by all rules, regulations and ordinances of the Village including ordinances regarding coin-operated amusement devices.

\_\_\_\_\_  
1. ESTABLISHMENT OWNER’S SIGNATURE\*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
2. APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

**\*THE OWNER OF THE V.P. ESTABLISHMENT MUST SIGN ALL APPLICATIONS**

1. Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Seal

\_\_\_\_\_  
Notary Public

2. Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Seal

\_\_\_\_\_  
Notary Public

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.