

APPLICATION



**CITY OF FREEPORT, ILLINOIS
MECHANICAL GAMES AND DEVICES**

NAME OF APPLICANT _____

NAME UNDER WHICH BUSINESS IS TO BE OPERATED _____

ADDRESS OF BUSINESS _____

NUMBER OF DEVICES LOCATED AT THE ABOVE ADDRESS _____

ARE THE DEVICES LICENSED BY THE STATE OF ILLINOIS FOR DISPLAY AND
OPERATION BY THE PUBLIC AT THE ABOVE ADDRESS? YES _____ NO _____
IF YES, ATTACH COPY OF STATE LICENSE

IS BUSINESS WHERE DEVICES ARE LOCATED OWNED OR LEASED?
EXPIRATION OF LEASE _____
ATTACH COPY OF LEASE

NAME AND ADDRESS OF PERSON WHO, AS MANAGER OR AGENT OF THE
BUSINESS, WILL CONDUCT THE BUSINESS TO BE OPERATED AT THE ADDRESS
FOR WHICH THIS LICENSE IS SOUGHT _____

IS SAID PERSON A RESIDENT OF THE CITY OF FREEPORT, ILLINOIS? _____
IS SAID PERSON A U.S CITIZEN BY BIRTH? _____ IF SO, STATE PLACE AND
DATE OF BIRTH? _____ IF NOT A CITIZEN BY BIRTH, IS SAID PERSON A
CITIZEN BY NATURALIZATION? _____ IF SO, STATE DATE AND PLACE OF
NATURALIZATION _____

HAS ANY PERSON NAMED IN THIS APPLICATION EVER BEEN CONVICTED OF A
FELONY OR OF ANY MISDEMEANOR OPPOSED TO DECENCY AND MORALITY?
_____ IF SO, LIST THE NAMES OF SUCH PERSONS _____

STATE THE DATE OF THE OFFENSE _____

LIST THE CITY, COUNTY, AND STATE WHERE CONVICTION OCCURRED

STATE OF ILLINOIS)
)
STEPHENSON COUNTY) SS.

I, _____ HAVE READ AND AGREE TO ABIDE BY
CHAPTER 844 – MECHANICAL AND ELECTRONIC GAMES AND DEVICES OF THE
CITY OF FREEPORT CODIFIED ORDINANCES. I, BEING DULY SWORN UPON
OATH, SWEAR (OR AFFIRM) THAT THE STATEMENTS IN THIS DOCUMENT ARE
TRUE AND CORRECT.

(SIGNATURE OF APPLICANT)

SIGNED AND SWORN (OR AFFIRMED) TO BEFORE ME ON _____(DATE)
OF _____20____, BY _____ (NAME OF PERSON)
AS _____(TYPE OF AUTHORITY, E.G. OFFICER,
OWNER, ETC.) OF _____(NAME OF
PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED).

(SEAL)

(SIGNATURE OF NOTARY PUBLIC)