

City of East Peoria
401 W. Washington St., East Peoria, IL 61611
Phone: 309.698.4715 Fax: 309.698.4747

New [] Renewal []

APPLICATION FOR COIN OPERATED AMUSEMENT DEVICES

APPLICANT INFORMATION:

Name of Applicant: _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Phone Number: () _____ - _____ Alternate Phone Number: () _____ - _____

If a firm, corporation, club or partnership, names of all principal officers and their addresses:

Name: _____ Address: _____

Please list all prior criminal convictions of applicant:

BUSINESS INFORMATION (Place where the device is to be displayed or operated):

Business Name: _____ Business Phone Number: _____

Business Address: _____ City _____ State _____ Zip _____

Type of Business conducted at location: _____

Hours Business will be open to the public or patrons: _____

DESCRIPTION OF DEVICE(S):

Name of device: _____ Mechanical Features: _____

Name of manufacturer: _____ Serial Number: _____

Amount of money required for operation: _____

Name of device: _____ Mechanical Features: _____

Name of manufacturer: _____ Serial Number: _____

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Amount of money required for operation: _____

I, the undersigned, hereby declare that I have carefully read the Section of the City Code relating to this business; that I understand it thoroughly and will carry out every provision thereof. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license and/or prosecution.

(Signature of applicant) Date _____

Fee \$ _____ Date Received _____ Accepted by _____