

Cook County Liquor Control Commission

Kenneth Harris

Deputy Liquor Control Commissioner

118 N. Clark Street, Room 1160

Chicago, Illinois 60602

(312)603-4401

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Cook County Liquor Control Commission

Toni Preckwinkle

Liquor Control Commissioner

President

Cook County Board of
Commissioners

Video Gaming License Application

Required Submittals:

- ◇ **Video Gaming Application Fee .**
- ◇ **Video Gaming License Fee .**
- ◇ **Copy of license application, and all supporting documents that were submitted to the Illinois Gaming Board.**
- ◇ **A copy of valid Illinois Liquor License.**
- ◇ **Copy of valid Video Gaming License from the State of Illinois.**
- ◇ **Site plan indicating the location of the video gaming terminal(s). (Terminals must be located in the most segregated area of the establishment.) If persons under the age of 21 will be allowed on the premises, the site plan must depict the manner in which access to the video gaming area will be restricted. You must also contact Cook County Building and Zoning to assure your plans meet all applicable requirements; 312-603-0500 or info.bnz@cookcountyil.gov.**
- ◇ **Copy of deed/lease of real estate where VGT(s) are located.**
- ◇ **Copy of Articles of Incorporation for the business.**
- ◇ **Copy of signed agreement with the terminal operator.**

Submit this application and required documentation in person or via mail to:

Cook County Liquor Commission

Attn: Valyncia Jones

118 North Clark Street Unit 1160

Chicago, Illinois 60602

If you have any questions, please contact Valyncia Jones at 312-603-3727

Video Gaming License Application

New _____ Renewal _____

Is this establishment currently registered for Cook County Home Rule Taxes? Yes /No If Yes, please provide COOKID:

Applicant Information (Establishment Owner):

Last First MI Email

Home Address City State Zip Code Phone

Identify every person, association, trust, corporation or limited liability company having a greater than one percent (1%) direct or indirect pecuniary interest in the video gaming location for which the license is sought.

If the enclosed entity is trust, disclose beneficiary information:

Last First Home Address City State Zip Code

If the enclosed entity is a corporation, disclose stockholders and director's information:

Last First Home Address City State Zip Code

If the enclosed entity is a limited liability company, disclose members information:

Last First Home Address City State Zip Code

If the enclosed entity is a partnership, disclose partners information (general and limited):

Last First Home Address City State Zip Code

Name of Establishment where VGT(s) will be located		Number of IGB Tagged VGT(s)																							
IGB Establishment License Number: (Attach Copy of License)		Issue Date	Expiration																						
Address of Establishment	City	State	Zip Code	Phone																					
Hours of operations:																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">DAY</th> <th style="width: 50%;">HOURS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>					DAY	HOURS																			
DAY	HOURS																								
Identification of Terminal Operator(s).																									
Name of Licensed Video Game Terminal Operator(s): _																									
Address(es) of Operator(s): _																									
Contact Number(s): _																									
IGB Terminal Operator License Number: _																									
Date of license Issuance: _																									
If applicant has entered into a service agreement with terminal operator(s), provide following information:																									
Date of Agreement: _		Expiration Date of Agreement: _																							
VGT Information:																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">MAKE</th> <th style="width: 33%;">MODEL</th> <th style="width: 34%;">IGB ID#</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					MAKE	MODEL	IGB ID#																		
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Please respond to every statement.

- Date when operation of video gaming terminal(s) is expected to begin: _
- If this is the original application for a video gaming license, attach a copy of the floor plan of the premises. This must include dimensions. Locations of video gaming terminal(s) must be clearly indicated. If this is application for renewal of a video gaming license, a copy of the floor plan is required if there has been any change in the past year or if any change is contemplated during the current year. Is a floor plan attached? _____ Have you submitted this floor plan to Building and Zoning? _
- Is any owner or manager of the establishment seeking a Video Gaming Terminal License licensed by the State of Illinois as a video gaming terminal manufacturer, distributor or operator? _
- Has the applicant ever had a previous license revoked or suspended by the Illinois Gaming Board? _
- Is applicant disqualified to receive a license by reason of any matter or thing construed by the laws of this state or any ordinance of Cook County? _
- Has applicant (including any partners, directors or officers), ever been convicted of a felony under any Federal or State law and would be disqualified to receive a license by reason of any matter or thing contained in this Section, laws of this state or any ordinance of Cook County? _
- Has the terminal operator(s) obtained Gambling Machine Tax emblems for the VGT(s) in your establishment? _

Local Regulations:

- A valid Cook County Video Gaming License must be clearly displayed in the establishment at all times.
- Must comply with the Cook County Video Gaming Ordinance and the Illinois Video Gaming Act (230ILCS 40/1), regulations/ restrictions imposed by the Illinois Gaming Board.

Fees:

Application Fee (non-refundable): \$500.00
License Fee(s): Desired Number of VGT Licenses: _____ x \$1000.00 = \$ _
Total Application and License Fees Submitted with Application: \$ _

***Fees must be paid via certified/cashiers check or a money order.**

Certification of Application:

Under penalty of perjury, I declare that I have examined the completed application and all supporting documents and attachments submitted by me in connection with the application, and hereby certify that the information provided in the application, attachments and supporting documentation is true, correct and compete. I hereby authorize the Cook County Department of Revenue to make inquiries to verify the accuracy of the statements and information provided in this application or any of the accompanying documents. I understand that any false statements or misrepresentations of any fact contained in this application, or the omission of any material fact, are grounds for denial or revocation of any license.

This form must be signed by the president, owner, managing member, general partner or partner of the applicant.

Signature

Printed or Typed Name

Title

Date

Signed and Sworn before me

This day of , _

Notary Public

FOR OFFICE USE ONLY:

AMOUNT RECEIVED: \$

CHECK NUMBER: _

DATE RECEIVED:

RECEIVED BY: _

B&Z INITIALS:

B&Z APPROVAL DATE: _

NEW:

RENEWAL: _

LICENSE NUMBER: _