

Village of Lisle  
Business Office  
925 Burlington Avenue  
Lisle, Illinois 60532  
(630) 271-4100  
Mon-Fri 7 a.m. to 5 p.m.  
Fax: (630) 271-4104



Office Use Only:  
Bus. ID:

**COIN-OPERATED AMUSEMENT DEVICES  
OPERATOR AND/OR PROPRIETOR LICENSE APPLICATION**

Please check one:  New Business  New Owner of Existing Business  Renewal

**OPERATOR INFORMATION (To be completed by owner or supplier of devices):**

Type of Entity:  Corporation  LLC, LLP  Sole Proprietor  Other: \_\_\_\_\_

Name of Corporation, LLC, LLP, Sole Proprietor, etc.: \_\_\_\_\_

Office Address of Corporation, LLC, LLP, Sole Proprietor: \_\_\_\_\_

Office Phone: \_\_\_\_\_ IL Tax No.: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Identify all 5% or more owners and officers (attach separate sheet if necessary):**

Name: \_\_\_\_\_  
**Home**  
**Address:** \_\_\_\_\_

\_\_\_\_\_

DL No.: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_  
**Home**  
**Address:** \_\_\_\_\_

\_\_\_\_\_

DL No.: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_  
**Home**  
**Address:** \_\_\_\_\_

\_\_\_\_\_

DL No.: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_  
**Home**  
**Address:** \_\_\_\_\_

\_\_\_\_\_

DL No.: \_\_\_\_\_ State: \_\_\_\_\_

Manager / Contact person: \_\_\_\_\_

Manager or Contact person's email: \_\_\_\_\_

Contact's phone number: \_\_\_\_\_

Licenses applying for or renewing:

**YEARLY FEES** (If any of the following are to be paid by the proprietor, please indicate so):

Operator Fee: \$50 to operate within the Village of Lisle  
Proprietor Fee: \$50 per establishment  
Game Machine: \$50 per device  
Musical Devices: \$50 per device

**TOTAL DUE** \_\_\_\_\_

**The following information on each device is to be provided by the operator. If there are over 8 devices at one location, or if the operator has more than one location within the Village, attach supplemental sheets.**

The following are located at (name of business): \_\_\_\_\_

1) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

2) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

3) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

4) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

5) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

6) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

7) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

8) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

**Per Village Code 3-13-5(A)5, floor plans of the premises showing the location of each device must be attached. The plans shall be sufficiently dimensioned to show the gross square footage of the premises and the square footage of the area in which the devices are to be located.**

**All information provided in this application is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Owner, Officer, or Agent                      Printed Name                      Date

Received: \_\_\_\_\_ Date: \_\_\_\_\_ Zoning Approval: \_\_\_\_\_

SUPPLEMENTAL ATTACHMENT TO COIN-OPERATED AMUSEMENT DEVICES  
OPERATOR'S LICENSE APPLICATION FOR THE VILLAGE OF LISLE

Name of Operator: \_\_\_\_\_

The following are located at (name of business): \_\_\_\_\_

1) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

2) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

3) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

4) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

5) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

6) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

7) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

8) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

9) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

10) TRADE NAME: \_\_\_\_\_  
DESCRIPTION: \_\_\_\_\_  
MANUFACTURER: \_\_\_\_\_  
SERIAL NO: \_\_\_\_\_

**Per Village Code 3-13-5(A)5, floor plans of the premises showing the location of each device must be attached. The plans shall be sufficiently dimensioned to show the gross square footage of the premises and the square footage of the area in which the devices are to be located.**

**WAIVER**

**To be completed by all 5% owners and all officers.  
Make additional copies as necessary.**

In connection with my application for the permit or license referred to below, I authorize the Village of Lisle to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:

**(Please complete all questions):**

<b>Full Name:</b>	
<b>Home Address:</b>	
<b>Phone Number:</b>	(    )
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	
<b>Driver's License Number:</b>	STATE:
<b>Type of Permit:</b>	Coin-operated Amusement Devices
<b>New or Renewal Permit:</b>	

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Subscribed and Sworn to before**  
me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

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