

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  
PROPRIETOR'S LICENSE APPLICATION**

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

**PROPRIETOR'S INFORMATION (To be completed by owner of establishment where devices are located):**

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 all officers (**attach separate sheet if necessary**). Each person listed must complete a waiver.

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

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

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

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

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

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

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

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

**Do you own the coin-operated amusement devices located within your establishment?**  Yes  No  
(If answer to above question is yes, you are responsible for all fees shown below. If the answer is no, the owner/operator must also submit an application.)

Manager or 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 owner/operator, 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** \_\_\_\_\_

**If you do not own the devices** in your establishment, please provide the trade name of each device along with the name of the owner/operator. If you have more than 8 machines onsite, please continue on the supplemental sheet.

**If you own the devices**, please provide trade name, description, manufacturer and serial number. If you have more than 8 machines onsite, please continue on the supplemental sheet.

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

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

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

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

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

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

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

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

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

**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**

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

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

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

**11) TRADE NAME:** \_\_\_\_\_  
**DESCRIPTION:** \_\_\_\_\_  
**MANUFACTURER:** \_\_\_\_\_  
**SERIAL NO:** \_\_\_\_\_  
**OPERATOR:** \_\_\_\_\_

**12) TRADE NAME:** \_\_\_\_\_  
**DESCRIPTION:** \_\_\_\_\_  
**MANUFACTURER:** \_\_\_\_\_  
**SERIAL NO:** \_\_\_\_\_  
**OPERATOR:** \_\_\_\_\_

**13) TRADE NAME:** \_\_\_\_\_  
**DESCRIPTION:** \_\_\_\_\_  
**MANUFACTURER:** \_\_\_\_\_  
**SERIAL NO:** \_\_\_\_\_  
**OPERATOR:** \_\_\_\_\_

**14) TRADE NAME:** \_\_\_\_\_  
**DESCRIPTION:** \_\_\_\_\_  
**MANUFACTURER:** \_\_\_\_\_  
**SERIAL NO:** \_\_\_\_\_  
**OPERATOR:** \_\_\_\_\_

**15) TRADE NAME:** \_\_\_\_\_  
**DESCRIPTION:** \_\_\_\_\_  
**MANUFACTURER:** \_\_\_\_\_  
**SERIAL NO:** \_\_\_\_\_  
**OPERATOR:** \_\_\_\_\_

**16) TRADE NAME:** \_\_\_\_\_  
**DESCRIPTION:** \_\_\_\_\_  
**MANUFACTURER:** \_\_\_\_\_  
**SERIAL NO:** \_\_\_\_\_  
**OPERATOR:** \_\_\_\_\_