



Finance Department □ 102 N. Neil St. □ Champaign, IL 61820

APPLICATION FOR PLACE OF AMUSEMENT LICENSE

The undersigned applicant hereby makes application for the year ending April 30, 20__, for the issuance of a license to engage in the business indicated below. The applicant further authorizes that a criminal background and credit check by made on him as a condition for the issuance of the license and provides the following information, attaching additional sheets as necessary to provide all information required, together with all required documents and application.

FEE: \$250.00 PER YEAR

A \$100.00 NON-REFUNDABLE FEE MUST ACCOMPANY APPLICATION WHEN SUBMITTED.

1. Name of Applicant _____ Date of Birth _____
Residence Address _____ Home Telephone _____
Social Security No. _____ Driver's License No. _____
Length of time resident of Illinois _____ Champaign County _____
City of Champaign _____
2. Name of business for which application is made _____
Address of Premises _____ Telephone # _____
3. Business office and telephone, if different than No. 2, which is to be used for all correspondence regarding this license if approved _____
Telephone # _____
4. Nature of entertainment proposed _____
5. Date business began at this location _____
6. Length of time applicant has been in a business of this character _____
7. Name of Manager _____ Date of Birth _____
Residence Address _____ Home Telephone # _____

Social Security No. _____ Driver's License No. _____

Length of time resident of Illinois _____ Champaign County _____

City of Champaign _____

8. List of convictions for any non-traffic violations of any ordinance of statute of any city, county or state, or of the Federal Government indicating the names of the offenses and dates of conviction. This information must be provided by the applicant and manager.

a.
(Applicant) _____

b.
(Manager) _____

9. List of any licenses revoked by any issuing authority _____

10. Premises for which application is made were:

a. Purchased by applicant on _____ (Attach copy of deed or contract for sale)

b. Leased by applicant from _____ to _____ (Attach copy of lease or sublease or assignment)

11. Has any person involved with this premises for which application is made been issued a Federal Wagering Stamp for the current tax year _____

If "yes", list name(s) _____

12. Has the premises been issued a Federal Wagering Stamp by the Federal

Government for the current tax period _____ If "yes, list date issued _____

PLEASE ATTACH CERTIFICATE OF INSURANCE, INSURING APPLICANT AND THE OWNER OR LESSOR OF THE PREMISES IN AT LEAST THE FOLLOWING AMOUNTS:

- (A) \$100,000.00, GENERAL LIABILITY, BODILY INJURY, EACH OCCURRENCE;**
- (B) \$300,000.00, GENERAL LIABILITY, BODILY INJURY, EACH OCCURRENCE**
- (C) \$1000,000.00, GENERAL LIABILITY, PROPERTY DAMAGE, EACH OCCURRENCE;**
- (D) \$1000,000.00, GENERAL LIABILITY, PROPERTY DAMAGE, AGGREGATE**

PLEASE ATTACH A DETAILED DESCRIPTION OF THE PREMISES AND AN EXTERIOR PHOTOGRAPH.

AFFIDAVIT

I swear that I am the sole owner of the business above described, that the premises are located and names as stated and comply with all respects with the requirements of the Champaign City Code, Article VII entitled "Places of Amusement", and that I am qualified and eligible to obtain the license applied for herein under said Champaign City Ordinance.

I swear that I will not violate any of the laws of the State of Illinois or of the United States of America or the ordinances of the City of Champaign in the conduct of the place of business described herein and that the statements contained in this application are true and accurate and are made for the purpose of inducing the City of Champaign to issue the license herein applied for.

Name of Applicant _____
(Please print)

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public

Prepared by:
City Clerk's office



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AUTHORIZATION FOR POLICE RECORD SEARCH

I hereby authorize and empower the City of Champaign, Illinois and its agents to conduct a police record search;

SIGNED ON _____ AT _____

SIGNATURE: _____

NAME: _____
Please print (last) (first) (middle int.)

ALIAS NAMES USED (maiden, etc.) _____

ADDRESS: _____

PHONE NUMBER: _____
(area code)

DATE OF BIRTH: _____ HEIGHT _____ WEIGHT _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER _____ / _____
(State)