

- (New Applicant)
- (Renewal)



**FOR OFFICE USE:**

Date Received: \_\_\_\_\_

\$100 License fee paid: \_\_\_\_\_

## Application for a Video Gaming Supplemental Liquor License *Class 28*

**Business Information:**

Business Name:	Phone #:
Street Address:	Fax #:

**Applicant Information**

*(Establishment Owner)*

Name:	
DOB:	Age:
Street Address:	Phone #:
City, State, Zip:	Email:

**Applicant Information**

*(If additional owner information)*

Name:	
DOB:	Age:
Street Address:	Phone #:
City, State, Zip:	Email:

**Contact Person**

*(If different than the Establishment Owner)*

Contact Name:	Phone #:
Address:	Email:

**Please Circle One**

Yes No Have you applied for a Crystal Lake Video Gaming License?

Yes No Have you held a Crystal Lake liquor license for at least 12 months?

License #: \_\_\_\_\_

Yes No Do you have a license from the Illinois Gaming Board to operate video gaming terminals at your establishment?

License #: \_\_\_\_\_

Yes No Does your establishment have a separate bar area for the purchase of alcohol?

Yes No Will all video gaming terminals be located in an area restricted to individuals 21 years of age or older?

Yes No Will the video game terminals be screened from view from individuals less than 21 years of age?

Please sign below:

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Name Title Date

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Name Title Date