



Village of Algonquin

FOR OFFICE USE ONLY:	
Date Received:	_____
License Fee: Yes	_____ No _____
Inspection Date:	_____

ESTABLISHMENT: VIDEO GAMING TERMINAL LICENSE APPLICATION

Application is hereby made to the Village of Algonquin for issuance of a non-transferable **Video Gaming Terminal License**, pursuant to the ordinances of the Village of Algonquin and laws of the State of Illinois. In support of said application, the undersigned being duly sworn, does state the following:

Company Name: _____	Phone #: _____
Street Address: _____	Fax #: _____
City, State, Zip: _____	Email: _____
Contact Name: _____	Mobile Phone: _____

VIDEO GAMING TERMINAL OPERATOR INFORMATION

Company Name: _____	Owner: _____
Street Address: _____	Phone #: _____
City, State, Zip: _____	Fax #: _____

SUBMITTALS

- Video Gaming Terminal License Fee. (\$500 per terminal) as prescribed by Appendix B of the Village of Algonquin Municipal Code. Terminal Serial Numbers must be included on the reverse side of this application. (Make checks payable to the Village of Algonquin)
- Copy of State issued gaming licenses
- Copy of the establishment's "Responsible Gaming Policy"
- Description/specifications of establishment's camera surveillance equipment. (see reserve side for requirements)
- Copy of the signed agreement with the Licensed Terminal Operator
- Illinois Department of Revenue Authorization to Release Sales Tax Information to Local Governments Form (see attached)

Applicant understands and agrees that additional information and material may be required during the processing of this application including but not limited to information related to applicant's qualifications, the information provided herein, including attachments, and the license involved. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.

In the event Applicant is made aware that any information or documentation submitted as part of this application process is inaccurate or incomplete, applicant agrees to immediately notify the Village and provide such additional information and material, and failure to do so may delay the processing of this application or result in its denial.

Applicant understands that the annual fee, payable to the Village of Algonquin shall be for each video gaming terminal or device. The annual fee shall be due and payable on the 1st day of January each year and will expire the 31st day of December of that year. This fee is not in lieu of any fee or payment payable to the State or Illinois Gaming Board. The applicant must obtain proper federal and state licenses and submit proof of said licenses with a copy of their signed agreement with the Terminal Operator to the Village prior to the issuance of a license. I have read and will comply with all applicable sections of the Algonquin Municipal Code.

The undersigned does further state as follow:

- A. The undersigned has read and understands the Village of Algonquin Municipal Code, Chapter 43.38, Video Gaming Terminals.
- B. That the undersigned is empowered to prepare and sign this application on behalf of the Applicant.
- C. That the undersigned has review this application, and all attachments and submittals, and that the information contained herein is true and accurate.
- D. That the undersigned, on behalf of the Applicant, acknowledges and agrees that a false statement knowingly made in this application shall bar the Applicant from further consideration and the application shall be denied.

APPLICANTS SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Video Gaming Terminal Serial Number (maximum 5)

1. _____
2. _____
3. _____
4. _____
5. _____

Surveillance Camera Specification - Minimum Requirements:

- ◆ High Resolution Cameras (Note: Minimum of 771x492 NTSC)
- ◆ Infrared (Night Vision Capabilities)
- ◆ Motion detection recording
- ◆ DVR Hard drive with storage to maintain 30 days of video retention with motion sensing.
(Note: Minimum requirements 125 GB memory per camera)
- ◆ USB port for video export

For more information pertaining to requirements or to view the Village of Algonquin Municipal Code Chapter www.algonquin.org or this information may be viewed at the Ganek Municipal Center , 2200 Harnish Drive, Algonquin, IL 60102 during regular business hours.

Submit your application with the proper fees and submittals in its entirety to:

Village of Algonquin
Attn: Deputy Village Clerk
2200 Harnish Drive
Algonquin, IL 60102



Illinois Department of Revenue

Authorization to Release Sales Tax Information to Local Governments

General Information

Complete this form *only* if you

- make retail sales of tangible personal property from a permanent location in Illinois or conduct a tent sale where you complete ST-556 forms for individual transactions; and
- want to authorize us (Illinois Department of Revenue) to disclose to your local government its share of sales tax received from your business.

Incomplete requests will be returned to the local government.

Step 1: Provide the retail business details

1 _____
Illinois Account ID number (Sales Tax number)



Enter your Illinois Account ID here, **not** your Federal Employer Identification Number (FEIN).

2 _____
Taxpayer/business name

IL

Address (actual address of retail location) City County State Zip

3 I authorize this release for the reporting periods _____ through _____
(month, year) (month, year)

Note: All requests must have a beginning and ending date.

4 This information is to be released to the (circle one) village, city, town or county of _____,

Note: All Financial Reporting requests will be mailed to the Treasurer of the local government. No additional copies will be sent by the Department.

5 Sign below

I, as the owner or authorized officer, authorize the Illinois Department of Revenue (IDOR) to disclose to the designated village, city, town, or county the amount of the local government's share of sales tax received from the taxpayer for the reporting period specified above.

Signature of owner or authorized officer of the business Title

() -
Print Name Telephone number

Step 2: Give this form to your local government designated to receive the tax information

Step 3: To be completed by the local government official receiving information

Type of request (circle one): group/district stand-alone

If group/district, enter name here: _____

I, as the local government official, verify that this form is accurate and complete.

Signature of local government official Title Telephone number

() -

IL

Address City State Zip

Completed forms should be returned to: Illinois Department of Revenue, Local Tax Allocation Division 3-500, PO Box 19014, Springfield, IL 62794-9014 or by fax to 217 524-0526

Questions? Call 217 785-6518

This form is authorized by the Retailers' Occupation Tax Act 35 ILCS 120/11. Disclosure of this information is VOLUNTARY. This form has been approved by the Forms Management Center. IL-492-4561