



ORLAND PARK

DEVELOPMENT SERVICES DEPARTMENT
14700 RAVINIA AVENUE
ORLAND PARK, ILLINOIS 60462
708-403-5300

developmentsservices@orlandpark.org
www.orlandpark.org

Amusement Device Operator's License Application

NON-REFUNDABLE \$100 APPLICATION FEE REQUIRED WITH APPLICATION. CHECK# _____

AMUSEMENT DEVICE OPERATOR/SERVICER INFORMATION

Company Name:		
Address:	State:	Zip:
Contact:	Phone:	
Email:		

MACHINE LOCATION INFORMATION (WHERE MACHINES WILL BE INSTALLED)

Legal Business Name:		
Doing Business As (d/b/a):		
Orland Park Address:	Unit/Suite:	Zip:
Business Phone:	Type of Business (Retail, Restaurant, etc):	
Email:		

BUSINESS OWNERSHIP

Individual Partnership LLC LTD Corporation

If **Individual**, list Owner name and address

If **Partnership or LLC**, list all Member's names and addresses

If **Privately Held Corporation**, list all Principal Officer's owning greater than 5% names and addresses

If **Publicly Held Corporation**, list President, Vice President, Secretary, & Treasurer names and addresses

Name & Address:
Name & Address:
Name & Address:
Name & Address:

If LLC, LTD or CORPORATION located outside of Illinois:

Registered Agent:	
Email:	Phone:

CORPORATE INFORMATION IF DIFFERENT THAN BUSINESS

Corporate Name:	
Corporate Email:	Phone:
Corporate Address:	
City/State/Zip	

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Are you, and every association, trust, corporation or Limited Liability Company that has greater than 5% direct or indirect pecuniary interest in the amusement device operation for which this license is being sought:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Ever been convicted of gambling, tax evasion, any felony, or have ever been denied a liquor license?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	A liquor license will be applied for, has been applied for, or already has been issued.

	Machine Name	Serial #	# of Players
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

***You must notify Development Services within 10 days should you add, remove or replace a machine.**

ANNUAL LICENSE INSPECTIONS

It is agreed that authorized inspections will be allowed as prescribed by ordinance.

FALSIFICATION OF INFORMATION

Any misrepresentation or falsification of the information sought within this application may result in revocation of the license as granted and fines may be applicable.

A BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES

I understand the issuance of this license is conditional upon compliance with all Village Ordinances, State and Federal law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force.

I have read this application and answered all questions completely and truthfully to the best of my knowledge.

The undersigned hereby applies to the Development Services Department of the Village of Orland Park, for an Amusement Device Operator's License, and if granted, will comply with all requirements of the Village Ordinances relating thereto and pay the fees required by such ordinances. I have read and understand terms, conditions and requirements listed in this application.

Business Owner
 Registered Agent

Printed name: _____

Signature: _____ Date: _____

ACKNOWLEDGEMENT, State of Illinois, County of _____.

This document was acknowledged before me on _____

By _____ (name of applicant)

Signature of Notary Public