



VILLAGE OF BEDFORD PARK

Video Gaming Terminal License Application

Application Date: _____

For the Period Covering May 1, _____ to April 30, _____

Name of Business where the gaming terminals are located _____

Address _____ Bedford Park, IL Zip _____

Terminal Operator _____

Business Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Contact Person _____

Illinois Video Gaming License #: _____

Annual Fees for Gaming Machine Terminals at the Above Location

Total Number of Video Gaming Terminals at this Location: _____ @ \$200 each
(Ord # 12-1397) Total Fees: _____

The Undersigned makes these statements above to include the Village of Bedford Park to issue the License(s) herein applied for and agrees to strictly comply with all laws and ordinances of the Village of Bedford Park applicable to the subject matter thereof. Failure to comply with any and all applicable rules, regulations, or local ordinances, may result in the revocation of this license.

An applicant who purchases additional gaming machine terminals subsequent to the filing of this application must obtain a Village license and shall pay the annual fee.

SIGNATURE: _____

TITLE: _____

For questions please call 708-458-2067

MAIL COMPLETED APPLICATION AND FEE TO:

VILLAGE OF BEDFORD PARK
6701 S ARCHER AVENUE
BEDFORD PARK, IL 60501

VILLAGE USE ONLY

DATE PAID _____

CHECK NO. _____