



CITY OF ZION

AMUSEMENT DEVICE LICENSE APPLICATION

2828 Sheridan Road, Zion, IL 60099
847-746-4012 - FAX 847-746-7167
www.cityofzion.com

APPLICANT INFORMATION:

Business/Organization Name:			
Business Mailing Address:			City:
State:	Zip Code:	Business Phone No:	Fax No.:
Manager or Responsible Party:			
E-Mail Address:			Tax ID No.:

The undersigned hereby petitions the City of Zion for a license to operate an **Amusement Device** in the City of Zion, Illinois. The undersigned hereby agrees to abide by the ordinances of the City of Zion and to allow for inspection by the properly designated Officials at any reasonable hour.

The license fee is **\$85.00, per device**, for the license year beginning January 1st, and ending December 31st. **All** license fees are non-refundable. Checks should be payable to **"City of Zion"** and mailed to City of Zion, City Clerk, 2828 Sheridan Road, Zion, IL 60099

Late Charges:

Any person not purchasing a required business license or permit by the required due date, shall pay a late charge as follows:

- Within first 30 days of the due date, a late charge of 10% of the business license fee will be added to the amount due.
- Over 30 days of the due date, a late charge of 10% of the business license fee plus and additional \$5.00 per day for every day over 30 days will be added to the amount due.

Owner or Manager's Signature

Date

Print Name

(For Office Use Only)

Date:	_____
Receipt No.:	_____
Original license amount:	_____
Penalty:	_____
TOTAL PAID:	_____

License #1	_____
License #2	_____
License #3	_____
License #4	_____

TYPE OF AMUSEMENT DEVICE:

- Movie or Video Booths/Stand**
- Mechanical Grab Device/Game**
- Music Device**
- Other** _____

TYPE OF VENDING MACHINE

- Automated Teller Machine (ATM)**
- Food or Beverage**
- Machines Selling All Items at \$.25 or Less**
- Machines Selling All Items at \$.25 or Greater**

LOCATION(S) OF DEVICE(S)
1) _____ _____ _____
2) _____ _____ _____
3) _____ _____ _____

License fee is the responsibility of the business or establishment where the machine(s) is located.

TOTAL AMOUNT DUE: \$85.00 x _____ = \$ _____