



**APPLICATION FOR
VIDEO GAMING LICENSE
ADAMS COUNTY, ILLINOIS**

Adams County Liquor Commissioner · C/O County Clerk · 507 Vermont Street · Quincy, Illinois 62301

The undersigned applicant(s), in compliance with Adams County Ordinance 2026-01-001-004 regulating video gaming terminals in unincorporated territory of Adams County, and the Video Gaming Act (230 ILCS 40/1 et seq.), hereby makes application for a Video Gaming License for premises located at:

Address

to be operated under the trade name of:

Phone: _____

E-mail: _____

New Establishments / Licenses will take up to 30 days for vetting and processing. Licenses run July 1 – June 30. Renewal applications are due on or before June 1 each year.

PAYMENT / FEE

\$250.00 per video gaming terminal annually

Make checks payable to: Adams County Clerk

PAID: _____

Initials of County Clerk Employee: _____

SECTION 1 — ESTABLISHMENT INFORMATION

Legal Name of Establishment: _____

Business / Trade Name: _____

Address of Establishment: _____

City: _____ State: _____ ZIP: _____

Business Office Address (if different): _____

Phone: _____ E-mail: _____

Type of Establishment (check one):

- Liquor / Bar Establishment Fraternal Organization Veterans Organization
 Truck Stop Establishment Large Truck Stop Establishment



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Supporting documentation demonstrating establishment classification is attached: Yes No

How long has this establishment been in business under current ownership? _____

If a corporation, LLC, or trust — name and address of agent authorized to accept service:

Agent Name: _____ Phone: _____

Address: _____

SECTION 2 — OWNERSHIP (CHOOSE ONE)

a) INDIVIDUAL

Name (Last, First, MI): _____ Date of Birth: _____

Address: _____ Phone: _____

b) PARTNERSHIP

Name (Last, First, MI): _____ Date of Birth: _____

Address: _____ Phone: _____

c) CLUB OR CORPORATION

Legal Name: _____ Phone: _____

Date of Charter: _____ Illinois Corporation (Yes/No): _____

Object for which organized: _____

Officers and Directors:

Name (Last, First, MI - Position): _____ Date of Birth: _____

Address: _____ Phone: _____

Name (Last, First, MI - Position): _____ Date of Birth: _____

Address: _____ Phone: _____

Name (Last, First, MI - Position): _____ Date of Birth: _____

Address: _____ Phone: _____



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Does any person own more than 5% interest? Yes No

Name(s) of every person
owning >5% interest:

Address(es):

Name(s) of every person
owning >5% interest:

Address(es):

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owning >5% interest:

Address(es):

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SECTION 3 — TERMINAL OPERATOR / DISTRIBUTOR

Name of Terminal Operator / Distributor: _____

Address: _____ Phone: _____

E-mail: _____

Attach a copy of the terminal operator's Illinois Gaming Board certificate of good standing.

SECTION 4 — VIDEO GAMING TERMINAL DETAILS

Pursuant to §5-9-8, no more than 6 terminals are permitted per location (10 for licensed large truck stop establishments).

Number of video gaming terminals proposed (not to exceed 6 / 10 for large truck stops): _____

Terminal #	Manufacturer	Model / Game Type	Serial #

Customer seating ratio: **At least 5 customer seats outside the gaming area** (but within the premises) are required for each video gaming terminal. Truck stop establishments are exempt

Total customer seats outside gaming area: _____ Total gaming terminals proposed: _____

Floor Plan Requirement: A computer-drawn, scaled floor plan must be submitted showing: location and count of dining seating; location, count, and seating for video gaming terminals; exits; restrooms; and other significant features. A high-resolution electronic copy AND a printed copy (minimum 11" x 17") are required. Hand-drawn plans or plans without a scale will not be accepted.

Floor plan attached: Yes No



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SECTION 5 — STATE OF ILLINOIS LICENSING

Illinois Gaming Board Certificate / License Number: _____

Certificate of good standing from the Illinois Gaming Board is attached: **Yes** **No**

SECTION 6 — VERIFIED STATEMENTS

For purposes of obtaining approval of this application, the undersigned makes the following true statements of fact under oath (please print):

- a) The establishment holds the appropriate Illinois Gaming Board certificate or license and is in good standing.
 Yes **No**

- b) The establishment is not in arrears in any tax, fee, or bill due to Adams County or the State of Illinois.
 Yes **No**

- c) No manager or owner with more than 5% interest has ever been convicted of a felony, a gambling offense, or a crime of moral turpitude. (If No, a Certificate of Rehabilitation must be attached.)
 Yes **No**

- d) The establishment agrees to abide by all state and federal laws and all applicable local ordinances.
 Yes **No**

- e) Are you a resident of Adams County? (individual applicant only)
 Yes **No**

- f) Have you applied for a similar license at any other premises? If yes — was same granted?
 Yes **No**

- g) Has any previous gaming or liquor license been revoked?
 Yes **No**

- h) Are you a Mayor, Alderman, County Board Member, County Board Chairman, or law enforcement official?
 Yes **No**

- i) Do you agree to permit authorized County Officials access to the premises at all times?
 Yes **No**

- j) Do you agree to maintain compliance with all Adams County health regulations?
 Yes **No**



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FOR RENEWAL APPLICATIONS ONLY

Attach a report showing the establishment's gross annual revenue for the previous calendar year, broken down by category, and showing the percentage of gaming revenue payable to the establishment as compared to total gross revenues (per §5-9-4(T)).

Revenue report attached: **N/A (new application)** **Yes** **No**

NEW ESTABLISHMENT BASED ON EXISTING BUSINESS MODEL (IF APPLICABLE)

If this application is for a new establishment proposed to replicate an existing location owned by the same majority owner, provide the following (per §5-9-4(S)):

Address of existing business: _____

Type of business: _____

How long in operation: _____

Gross receipts vs. gaming revenue report for prior 12 months attached:

N/A **Yes** **No**

Proof of ownership of existing business attached:

N/A **Yes** **No**



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SECTION 7 — CHARACTER REFERENCES

List at least three citizens of Adams County as references to your character:

Name (Last, First, MI)	Address	Phone Number

SWORN AFFIDAVIT OF APPLICANT

I (or we) _____ being first duly sworn, affirm under oath full knowledge of the foregoing statements and that all answers set forth herewith are true and correct.

Signature of Applicant(s): _____

Signature of Applicant(s): _____

Duly acknowledged and sworn to before me this _____ day of _____, 20____.

Notary Signature: _____



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ACTION TAKEN BY SHERIFF

After conducting a thorough review of the applicant and the premises in question, I have not discovered any compelling reason to deny the issuance of a video gaming license for the aforementioned premises.

Name of Establishment: _____

Name of Deputy who Reviewed Establishment: _____

Date Reviewed by Sheriff of Adams County: _____

Sheriff of the County of Adams

Date

APPROVAL

Approval of the foregoing application is hereby granted.

Signed this _____ day of _____, 20____.

Adams County Liquor Commissioner

Date

ISSUED

Date Issued: _____

Issued By: _____

License Valid: _____

All applicable codes and enforcements are pursuant to Article IX (§5-9-1 through §5-9-12) of the Adams County Code of Ordinances and the Illinois Video Gaming Act, 230 ILCS 40/1 et seq.

All licenses must be prominently displayed next to each video gaming terminal.