



**APPLICATION TO MODIFY EXISTING LIQUOR LICENSE
TO ADD ONE ADDITIONAL VIDEO GAMING TERMINAL**

THIS APPLICATION **MUST** BE ACCOMPANIED BY A COPY OF THE STATE OF ILLINOIS VIDEO GAMING LICENSE, AND PROOF OF THE LICENSED PREMISES MEETING THE \$150 HPD ANNUAL AVERAGE REQUIREMENT (*A PRINT OUT OF YOUR LOCATION'S PREVIOUS 12 MONTHS EARNINGS FROM THE ILLINOIS GAMING BOARD WEBSITE*) (**SEE INFORMATION/INSTRUCTION SHEET**).

Name of Applicant: _____ Date of Application: _____

Applicant Address: _____
Street City/State/Zip

Applicant Phone #: _____ Email Address: _____

Business Name: _____ Tax ID: _____

Business Address: _____
Street City/State/Zip

Type of Business Organization: ___Individual ___Partnership ___D.B.A. ___Corporation

If Corporation, Registered Agent and Address:

Is the business for which a liquor license has been issued or the individual applicant currently delinquent in payments to the Illinois Department of Revenue, City of Rockford or any other governmental entity? _____

If approved, do you acknowledge that compliance with the \$150 Hold Per Day (HPD), as outlined in section 3-142(g)(7)(f) of the City of Rockford Code of Ordinances and all other provisions of Chapter 3, Articles I and III are required as a condition of your liquor license? _____

Total Number of Existing Video Gaming Terminals: _____

Anticipated alcoholic, food/non-alcoholic beverages, and general merchandise sales as a percentage of total revenue for the business (total revenue includes gaming revenue)?

Alcohol sales percentage of total revenue _____ %
Food/Non-Alcoholic beverage sales percentage of total revenue _____ %
General merchandise sales percentage of total revenue _____ %
Percentage of revenue from other sources or total revenue (includes gaming revenue) _____ %

**STATE OF ILLINOIS)SS.
COUNTY OF WINNEBAGO)**

I swear (or affirm) that I will not violate any of the ordinances of the City of Rockford or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Subscribed and Sworn to before me this _____ day of _____, A.D. 20_____

Notary Public

Signature of Applicant