



City of Hillsboro

Video Gaming Machine Permit Application

447 S. Main St. Hillsboro, IL 62049
 (217) 532-5566 FAX (217) 532-5567

Business name, physical address and telephone below:

Name (Last Name First, if individual)		Physical Address (not P.O. Box)	
City	State	Zip Code	Daytime phone #

Owner's name (if different from business), physical address, city and telephone number below:

Name (Last Name First, if individual)		Physical Address (not P.O. Box)	
City	State	Zip Code	Daytime phone #

IGB#	Location Name	Location Address	Permit Number*

***City will issue permit #**

Total Number of Permits: _____

I do hereby certify that I am the (owner, partner, officer, manager) of the above-named business and that the information provided in this document is true and correct to the best of my knowledge.

Signature (required)	Date
Print Name	Title

Amount per permit:

Annual fee, purchased May 1 to April 30.....	\$250.00
2nd Quarter fee, purchased August 1 to October 31.....	\$187.50
3rd Quarter fee, purchased November 1 to January 31.....	\$125.00
4th Quarter fee, purchased February 1 to April 30.....	\$62.50

Total Amount Paid: _____