



City of Hillsboro Video Gaming Machine Permit Application

447 S. Main St. Hillsboro, IL 62049
(217) 532-5566 • (217) 532-6615 • 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.....\$25.00
2nd Quarter fee, purchased August 1 to October 31.....\$18.75
3rd Quarter fee, purchased November 1 to January 31.....\$12.50
4th Quarter fee, purchased February 1 to April 30.....\$6.75

Total Amount Paid:_____