



**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 ..... \$250.00  
2<sup>nd</sup> Quarter fee, purchased August 1 to October 31..... \$187.50  
3<sup>rd</sup> Quarter fee, purchased November 1 to January 31. ....\$125.00  
4<sup>th</sup> Quarter fee, purchased February I to April 30 ..... \$62.50

**Total Amount Paid:** \_\_\_\_\_