



VILLAGE OF GODFREY
MADISON COUNTY, ILLINOIS
COIN OPERATED AMUSEMENT DEVICE LICENSE APPLICATION
(PURSUANT TO ORDINANCE 05-91)
MARCH 31, 2026 RENEWAL DATE

1. Date of Application _____
2. Name of Applicant _____
3. Address of Applicant _____

4. Phone Number _____
5. Email _____
6. Employer Identification Number _____
7. Year for which application is made? _____

List below the coin operated amusement device (s) for which a license is sought:

Description of Device	Location	Serial Number	State Registration #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If additional space is required, attach a separate sheet)

8. State the owner of the machines for which application is being made at each location above.

By signing this application, the undersigned applicant expressly warrants and represents that:

- A. There is no other coin operated amusement devices located at any of the above listed locations, which are subject to licensing by the Village of Godfrey.
- B. The undersigned is aware that the Village of Godfrey requires submission of a true and correct copy of the affidavit filed with the State of Illinois upon transfer of any coin operated amusement device license and that the Village must be notified within fourteen (14) days of the date of any such transfer.
- C. The undersigned will permit any duly authorized representative of the Village of Godfrey to conduct an inspection of any location where applicant's coin operated amusement devices are located to verify compliance with Ordinance 05-91 of the Village of Godfrey.
- D. The undersigned understands that the failure to properly license a coin operated amusement device will result in the imposition of a penalty, per device, of \$250.00 for each such violation.
- E. The undersigned will comply with all applicable state laws and Village of Godfrey ordinances and regulations pertaining to the ownership, operation, and/or possession of coin operated amusement devices.

Signature of Applicant



STATE OF ILLINOIS)
)
COUNTY OF MADISON) SS

The undersigned, being first duly sworn, deposes and states on oath that the above and foregoing application and the contents thereof are true and correct.

Signature of Applicant

Subscribed and sworn to before me, a Notary Public, this
_____ day of _____, 20_____.

Notary Public

My Commission Expires: _____