



190 W Station St. ◦ P.O. Box 396 ◦ St. Anne, IL 60964
Main/Billing 815-427-6783 ◦ Public Works 815-427-8177 ◦ Police 815-427-8126
www.villageofstanne.com

Application for Gaming License *(Please Print)*

Applicant Name

Business Name

Address

Business Address

City

State

Zip

License Fees: \$25 per machine

Term of license shall be May – April

Phone

All fees shall be due May 1 and shall be paid to the
Village of St. Anne

Social Security Number

DOB

Number of Machines _____

Place of Birth

Total X \$25 _____

Signature

Date

ACKNOWLEDGMENT

STATE OF ILLINOIS)
 : ss.
County of _____)

On the _____ day of _____, _____, before me, the undersigned Notary Public,
personally appeared _____, known to me to be the person whose name
is subscribed to the foregoing instrument, and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have set my hand and seal the day and year as above written.

Notary Public for Illinois

Residing at _____

Commission Expires: _____