



The City of Calumet City  
Mayor's Office  
204 Pulaski Rd.  
Calumet City, IL 60409

**CALUMET CITY, ILLINOIS**

**Calumet City Liquor Control Commissioner  
Thaddeus M. Jones, Mayor**

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**APPLICATION FOR CITY OF CALUMET CITY VIDEO  
GAMING TERMINAL OPERATORS LICENSE**

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*Application to be filed with the City Clerk*

*Terminal Operator Licenses are paid and renewed on an annual basis. The License expires December 31<sup>st</sup> of each year.*

**\$750 per Video Gaming Terminal**

**Failure to submit payment by the second Friday of December,  
will result in a penalty up to \$750.00.**

Contact the Mayor's Office at 708-891-8106 or email [liquorlicense@calumetcity.org](mailto:liquorlicense@calumetcity.org).

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**NO LICENSE WILL BE ISSUED UNLESS ALL QUESTIONS OF THIS APPLICATION ARE FULLY ANSWERED**

*I understand the issuance of this license is conditional upon compliance with all City Ordinances, State & Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force. If granted a license, I agree to comply with all provisions of the Illinois Video Gaming Act and the rules and regulations of the Illinois Gaming Board and understand that any failure to do so may result in penalties including without limitation the revocation of the Terminal Operator License. I have read this application and answered all questions fully. The information I have submitted in this application is complete and truthful to the best of my knowledge. This information will be kept confidential to the extent permitted by law. Terminator Operator licenses and all applicable fees are good for one year and renewed annually.*

Individual: \_\_\_\_\_  
(Print Name) (Signature)

**MATERIAL MISSTATEMENT OR FALSIFICATION OF INFORMATION REQUESTED IN THIS APPLICATION  
ARE GROUNDS FOR DENYING A LICENSE OR SUSPENSION OR REVOCATION OF A LICENSE**

For questions, contact the Mayor's Office at 708-891-8106  
or email [liquorlicense@calumetcity.org](mailto:liquorlicense@calumetcity.org)

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***For Office Use Only***

**Application Completed:**

**Date Paid:**

**Amount Paid:**

**Date Local Issued:**

**Staff signature:**