

# VILLAGE OF FORD HEIGHTS

1343 ELLIS AVENUE ♦ FORD HEIGHTS, IL 60411 ♦ (708) 758-3131 FAX: (708) 758-7602

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VILLAGE CLERK



TRUSTEES  
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Antoina T. McMichales  
James E. Morgan  
Freddie L. Wilson

## APPLICATION FOR GAMING SERVICES

Date: \_\_\_\_\_  
Projected Operation Date: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
APPLICATION FEE: \_\_\_\_\_

Each individual, Business Entity and/or Beneficiary must be listed on the application and must submit a Disclosure Form for partnerships or corporations. All assumed business names must be filed with the Illinois Secretary of State.

Name of Applicant: \_\_\_\_\_  
Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Mailing Address (If different): \_\_\_\_\_

Social Security Number or FEIN: \_\_\_\_\_  
Business Manager or Chief Official's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### FORM OF BUSINESS: (select only one)

Corporation: Date of Incorporation \_\_\_\_\_  
Partnership: Date of Formation \_\_\_\_\_  
Limited Liability Company (LLC): Date of Organization \_\_\_\_\_  
Sole Proprietorship: \_\_\_\_\_

Have you obtained a license or certification with the Illinois Gaming Board?

Circle: Yes or No (Please provide copy of licensure)

I acknowledge to the best of my knowledge that the above information is true. I further acknowledge that any misrepresentation, failure to reveal information or omission is grounds for denial of a license and/revocation of any license or permission to operate or render services in the Village of Ford Heights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date