



APPLICATION FOR VIDEO GAMING DEVICE

Moline Code of Ordinance 5-1100
ANNUAL FEE: \$50.00 Per Device
(Non-transferable)

Address at which machines are located:

Business Name

Contact Person (Owner or Manager)

Business Address

Telephone

Are devices _____ owned or _____ leased?

Name of distributor or servicing company? _____

Number of video gaming terminals _____

Annual due date: February 1st

REVIEW PROCESS:

Zoning Manager:

Date:

Please return signed form, along with remittance to:

City of Moline
1630 8th Avenue
Moline, IL 61265
309-524-2070