



City of
BRAIDWOOD

141 West Main Street, Braidwood, IL 60408 • PHONE (815) 458-2333 • FAX (815) 458-6074 • www.braidwood.us

OFFICE USE ONLY:
Customer #: _____
License #: _____

2024 GAMING LICENSE APPLICATION

Please print legibly. All information must be completed, incomplete forms will be returned.

New Business: _____ Change of Ownership: _____ Renewal: _____

COMPANY INFORMATION

Business Name: _____

Contact Name: _____

Business Address: _____

Phone Number: _____ Secondary Number: _____

Email Address: _____

FEIN # _____

Illinois Tax ID #: _____

CALCULATION OF FEES

Gaming License _____ x \$150 \$ _____

Number of Machines _____ x \$25 \$ _____

TOTALS _____ \$ _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Braidwood Business License.

Name of applicant (print)

Signature of application