



City of  
**BRAIDWOOD**

**OFFICE USE ONLY:**  
Customer #: \_\_\_\_\_  
License #: \_\_\_\_\_

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

**2025 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: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

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