

License Fee Form

Chicago Municipal Code 4-156-150

Business Information

Business Name and Address:

Business Phone:

IRIS Account Number:

Due Date: February 15, 2026

To update/correct information in the Business Information above, contact the Department of Business Affairs and Consumer Protection at 312-744-6249.



FEE CALCULATION

1. Enter the total number of type 2222 Automatic Amusement Devices (From Attached) _____ # _____
2. License fee for type 2222 Automatic Amusement Device _____ @ \$150.00
3. Fee for Automatic Amusement Device machines (multiply line 1 by line 2) _____ \$ _____
4. Total fee due _____ \$ _____



OWNER/OFFICER STATEMENT

First Name	Middle Initial	Last Name	Title
Description of Business	Signature (Required)		Date

I hereby affirm this information to be true and correct. False statements are punishable by \$500 fine (Mun. code 1-2-010).

You must fill this form out completely, if not this form will be returned to you and you may be assessed additional penalties.

Return this form and your payment via mail or in person to:
Office of the City Clerk - General Licensing, Room 107 - 121 N. LaSalle St. - Chicago, IL 60602

"Automatic Amusement Device" means any machine, which, upon the insertion of a coin, slug, token, card or similar object, or upon any other payment method, may be operated by the public generally for use as a game, entertainment or amusement, whether or not registering a score, and includes but is not limited to such devices as jukeboxes, marble machines, pinball machines, movie and video booths or stands and all games, operations or transactions similar there to under whatever name by which they may be indicated. Bingo devices are deemed gambling devices and are therefore prohibited for use except as provided by state law.



FOR OFFICE USE ONLY

Date entered and paid	PM Receipt #	Processed by
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OFFICE OF THE CITY CLERK
ANNA M. VALENCIA



CITY OF CHICAGO

**Automatic Amusement Device 2026
Non-Gambling Format - Type 2222**

For Non-Gambling Format Devices,
e.g. Pinball, Jukeboxes, etc.



BUSINESS INFORMATION

Account Number

Business Name



DEVICE LOCATION

Street Number

Street Direction

Street Name

Street Type

Suite/Apt#

Copy this form for additional locations and devices.



DEVICE INFORMATION *Please print clearly, using all CAPITAL letters.*

1

Manufacturer Name:

Manufacturer Serial Number:

Name of Device:

Month and Year Placed in Service:

2

Manufacturer Name:

Manufacturer Serial Number:

Name of Device:

Month and Year Placed in Service:

3

Manufacturer Name:

Manufacturer Serial Number:

Name of Device:

Month and Year Placed in Service:

4

Manufacturer Name:

Manufacturer Serial Number:

Name of Device:

Month and Year Placed in Service:

5

Manufacturer Name:

Manufacturer Serial Number:

Name of Device:

Month and Year Placed in Service:

6

Manufacturer Name:

Manufacturer Serial Number:

Name of Device:

Month and Year Placed in Service: