160 North LaSalle ♠ Suite 300 ♣ Chicago, Illinois 60601 ♥ tel 312/814-4700

## **Request to Withdraw Video Gaming Location License Application**

Application Number	
Location Name	
DBA	
Address	
City, State, Zip	

Pursuant to Illinois Gaming Board Adopted Rule 1800.555 regarding the withdrawal of applications, I request to withdraw my application for a Video Gaming Location License. I understand that if the Administrator objects to the withdrawal of my application, I will need to seek permission of the Illinois Gaming Board.

I understand that in order to reapply for a Video Gaming Location License within one year from the date my request to withdraw is granted, I will need to request permission from the Board.

Location Owner Printed Name	
Location Owner Signature	
Date	
Location Owner Comments (Optional)	

Please email the completed and signed form to IGB.VGNOTIFY@illinois.gov. If your request is granted, a confirmation email will be sent to the email address listed on file with the IGB.