160 North LaSalle ♠ Suite 300 ♣ Chicago, Illinois 60601 ♥ tel 312/814-4700 ♦ fax 312/814-4602

Withdrawal of Video Gaming Location License Application

Application Number	
Location Name	
DBA	
Address	
City	
request to withdraw and Administrator objects Gaming Board. I understand that in or	aming Board Adopted Rule 1800.555 regarding the withdrawal of applications, I my application for a Video Gaming Location License. I understand that if the to the withdrawal of my application, I will need to seek permission of the Illinois der to reapply for a Video Gaming Location License within one year from the date w is granted, I will need to request permission from the Board.
Location Owner Printe	ed Name
Location Owner Signa	ture
Date	
Location Owner Comr (Optional)	nents

Please give this completed and signed form to an IGB Agent or fax to the Illinois Gaming Board at (312) 814-7253. If your request is granted, you will receive confirmation of the withdrawal in writing sent to the address listed above.