



**ORLAND  
PARK**

DEVELOPMENT SERVICES DEPARTMENT  
14700 RAVINIA AVENUE  
ORLAND PARK, ILLINOIS 60462  
708-403-5300

[developmentservices@orlandpark.org](mailto:developmentservices@orlandpark.org)  
[www.orlandpark.org](http://www.orlandpark.org)

## Amusement Device Operator's License Application

NON-REFUNDABLE \$100 APPLICATION FEE REQUIRED WITH APPLICATION. CHECK# \_\_\_\_\_

### AMUSEMENT DEVICE OPERATOR/SERVICER INFORMATION

Company Name: CLAW EMPIRE ORLAND PARK INC		
Address: 288 ORLAND SQUARE DR	State: F01D	Zip: 60462
Contact: CHI FANG	Phone: 312-929-7936	
Email: yingyulei@hotmail.com		

### MACHINE LOCATION INFORMATION (WHERE MACHINES WILL BE INSTALLED)

Legal Business Name: CLAW EMPIRE ORLAND PARK INC		
Doing Business As (d/b/a):		
Orland Park Address: 288 ORLAND SQUARE DR	Unit/Suite: F01D	Zip: 60462
Business Phone: 312-929-7936	Type of Business (Retail, Restaurant, etc):	
Email: yingyulei@hotmail.com		

### BUSINESS OWNERSHIP

☐ Individual ☐ Partnership ☐ LLC ☐ LTD ☒ Corporation

If **Individual**, list Owner name and address

If **Partnership or LLC**, list all Member's names and addresses

If **Privately Held Corporation**, list all Principal Officer's owning greater than 5% names and addresses

If **Publicly Held Corporation**, list President, Vice President, Secretary, & Treasurer names and addresses

Name & Address: 4348 s TALMAN AVE 2 CHICAGO IL 60632
Name & Address:
Name & Address:
Name & Address:

If LLC, LTD or CORPORATION located outside of Illinois:

Registered Agent: CHI FANG	
Email: YINGYULEI@HOTMAIL.COM	Phone: 60632

### CORPORATE INFORMATION IF DIFFERENT THAN BUSINESS

Corporate Name:	
Corporate Email:	Phone:
Corporate Address:	
City/State/Zip	

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Are you, and every association, trust, corporation or Limited Liability Company that has greater than 5% direct or indirect pecuniary interest in the amusement device operation for which this license is being sought:

YES NO

☐☒

Ever been convicted of gambling, tax evasion, any felony, or have ever been denied a liquor license?

YES NO

☐☒

A liquor license will be applied for, has been applied for, or already has been issued.

	Machine Name	Serial #	# of Players
1.	Please see attached files		
2.	CLAW EMPIRE ORLAND PARK - AMUSEMENT DEVICES (ATTACHED FILE1) (3)		
3.			
4.			
5.			
6.			
7.			
8.			

\*You must notify Development Services within 10 days should you add, remove or replace a machine.

### ANNUAL LICENSE INSPECTIONS

It is agreed that authorized inspections will be allowed as prescribed by ordinance.

### FALSIFICATION OF INFORMATION

Any misrepresentation or falsification of the information sought within this application may result in revocation of the license as granted and fines may be applicable.

### A BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES

I understand the issuance of this license is conditional upon compliance with all Village Ordinances, State and Federal law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force.

I have read this application and answered all questions completely and truthfully to the best of my knowledge.

The undersigned hereby applies to the Development Services Department of the Village of Orland Park, for an Amusement Device Operator's License, and if granted, will comply with all requirements of the Village Ordinances relating thereto and pay the fees required by such ordinances. I have read and understand terms, conditions and requirements listed in this application.

Printed name: **CHI FANG**

☒ Business Owner

☐ Registered Agent

Signature: 

Date: 5/25/25

ACKNOWLEDGEMENT, State of Illinois, County of Cook.

This document was acknowledged before me on 5/25/25

By Chi Fang (name of applicant)

Signature of Notary Public



