

Date _____, _____

GENERAL LICENSE APPLICATION



CITY OF FREEPORT, ILLINOIS

The undersigned hereby applies for a license, under Part Eight, Business Regulation and Taxation Code of the Codified Ordinances of Freeport, Illinois, and under the following Chapters: (Check applicable type)

<input type="checkbox"/>	Chapter	Type	<input type="checkbox"/>	Chapter	Type
<input type="checkbox"/>	808	Auctioneers	<input type="checkbox"/>	846	Mobile Home Parks
<input type="checkbox"/>	812	Bowling, Billiards & Shooting	<input type="checkbox"/>	852	Pawnbrokers
<input type="checkbox"/>	814	Building Movers	<input type="checkbox"/>	858	Roller Rinks
<input type="checkbox"/>	818	Carnivals	<input type="checkbox"/>	860	Second Hand Stores
<input type="checkbox"/>	820	Clothing Vehicles	<input type="checkbox"/>	870	Theatres and Shows
<input type="checkbox"/>	826	Dance and Dance Halls	<input type="checkbox"/>	872	Transient Merchant
<input type="checkbox"/>	838	Junk Dealers	<input type="checkbox"/>	_____	Other

Applicable Fee _____

Period, if other than annual _____

PLEASE PRINT LEGIBLY OR TYPE:

Name of Business _____

Street Address of Business _____

P.O. Box of Business _____

City, State, Zip _____

Phone Number of Business _____

Applicant - If applicant is an individual, complete (a); if a partnership, complete (b); and if a corporation, complete (c), (d), and (e) :

	Name	Address	Places of Residence (Last Five Years)	Date of Birth
(a) Individual	_____	_____	_____	_____
(b) Partnership (All Partners)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

(c) Corporation _____

(List below all Officers, Directors & Persons holding 20% or more shares)

Name	Address	Places of Residence (Last Five Years)	Date of Birth

(d) Manager or Operator _____

(e) Phone Number of Manager: _____

ADDITIONAL STATEMENTS FOR ALL CHAPTERS:

1. As defined in Section 802.14 of the Codified Ordinances of Freeport, Illinois; applicant is a citizen of the United States or a declarant thereof; is of good moral character; and is not in default under the provisions of the business regulation or taxation code or in any manner indebted to the City. Circle one: Yes / No If no, explain _____

2. Has person listed as applicant ever been convicted of criminal offenses or ordinance violations (other than traffic violations) in any jurisdiction? Circle one: Yes / No If yes, please list each offense and/or violations, the date and prosecuting jurisdiction _____

3. Has a person listed as applicant had a similar license revoked or suspended, in Illinois or any other State? Circle one: Yes / No If yes, explain: _____

4. The applicant has read all of the provisions of the Chapter under which a license is sought within one month prior to this date and understands the Chapter fully. Circle one: Yes / No

STATEMENTS AND REQUIREMENTS FOR SPECIFIC CHAPTERS:

Chapters

814 Location, size and description, route and description of new location _____

814, 858 Bond or liability insurance, as required by Ordinance, is furnished herewith.

820 Number and description of vehicle, including license numbers if any _____

822 Style of Sale _____

Opening and Closing Dates _____

On a separate paper; provide complete inventory, including separate list of goods purchased within past 60 days, the cost, price name and address of seller and dates of purchase and delivery and total value of inventory cost is presented herewith. No goods will be added to the inventory and no items in the inventory are on consignment.

838 Address of branch yard or storage lot _____

846 A ground plat, drawn to scale, showing the legal description, all improvements and other ordinance requirements, is attached hereto.

872 Location from which applicant intends to sell _____

(Provide statement of permission from the property owner)

Nature of the business applicant intends to conduct _____

Date(s) of proposed sale: from _____ to _____

Hours and days of operation _____

If a vehicle is used, describe _____

Illinois Retailer's Occupation Tax ID # _____

Attach copies of the following:

_____ Registration under the Illinois Retailer's Occupation Tax Act

_____ Executed permits and licenses issued which are legally required in order to conduct the sales for which the City license applies (including valid permit by County Health Department for food vendors)

_____ Licenses issued past 12 months to conduct business as transient merchant

_____ Listing of inventory of goods to be sold

_____ Seller Information Form (see back side of application) for each person selling or operating who will be in contact with the public for the purpose of stocking, transporting, delivering and/or selling goods, wares or merchandise

For all other chapters not listed, refer to Codified Ordinances and answer questions on a separate sheet of paper.

APPLICANTS' SIGNATURE:

I, the undersigned, do hereby certify that to the best of my knowledge and belief the information contained in this application is true, correct, and complete. I understand that failure to correctly and completely answer the above questions will be cause for denial of this license.

Subscribed and sworn before me this _____ day of _____

Notary Public

Office Use Only:

Approved by Police Chief _____ Date: _____

The foregoing application is approved / disapproved this _____ day of _____

License Officer

SELLER INFORMATION FOR CHAPTER 872 TRANSIENT MERCHANT

The following information must be completed for every person who will be in contact with the public for the purpose of stocking, transporting, delivering and/or selling the goods, wares or merchandise. Any new individuals added after submission of this application must be submitted to the City Clerk's Office within 24 hours.

Name _____

HOME Address _____

City/State/Zip _____

LOCAL Address* _____

*Where you are staying while you are selling in the Freeport area.

Home phone number _____ Local phone number _____

Driver's License No. _____ State of Issuance _____

Date of birth: _____

Please list home address (es) for the past five years and the length of time you lived at each address:

1. _____	How long? _____
2. _____	How long? _____
3. _____	How long? _____
4. _____	How long? _____

Have you ever been convicted of a criminal offense or ordinance violation (other than a traffic violation) in any jurisdiction? Yes No If yes, please list each individual offense and/or violation, the date and the prosecuting jurisdiction. Attach additional page(s) if necessary:

CERTIFICATION

I, the undersigned, do hereby certify that to the best of my knowledge and belief the above information is true, correct and complete. I understand that failure to correctly and completely answer the above questions will be cause for denial of this license.

Signature of Seller

Date