

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)

Chapter	Type	Chapter	Type
___ 808	Auctioneers	___ 846	Mobile Home Parks
___ 812	Bowling, Billiards & Shooting	___ 852	Pawnbrokers
___ 814	Building Movers	___ 858	Roller Rinks
___ 818	Carnivals	___ 860	Second Hand Stores
___ 820	Clothing Vehicles	___ 870	Theatres and Shows
___ 826	Dance and Dance Halls	___ 872	Transient Merchant
___ 838	Junk Dealers	___ ___	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
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(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

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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