

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	___ 852	Pawnbrokers
___ 812	Bowling and Billiards	___ 858	Roller Rinks
___ 814	Building Movers	___ 860	Second Hand Stores
___ 818	Carnivals	___ 870	Theatres and Shows
___ 822	Closing Sales	___ 872	Transient Merchant
___ 826	Dance and Dance Halls	___ 873	Food Truck Vendor
___ 838	Junk Dealers	___ ___	Other

For Chapter 874 Tobacco Dealers – See Separate Application

Fee: _____

Date of Application _____

Licensing Period _____

PLEASE PRINT LEGIBLY OR TYPE

Name of Business _____

Street Address of Business _____

P.O. Box of Business _____

City, State, Zip _____

Phone Number of Business _____

E-Mail Address of Business _____

Applicant - If applicant is an individual, complete (a); if a partnership, complete (b); and if a corporation, complete (c), (d), and (e); in addition to information on page 2 and page 3.

Name	Address	Places of Residence (Last Five Years)
------	---------	--

(a) Individual _____

Phone Number: _____

(b) Partnership _____
(All Partners) _____

Provide at least one phone number for partnership contact: _____

(c) Corporation Name: _____

Phone Number of Corporation: _____

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

Name	Address	Places of Residence (Last Five Years)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d) Manager or Operator _____

(e) Phone Number of Manager: _____

STATEMENTS FOR ALL CHAPTERS (MUST BE COMPLETED):

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:

If additional room is required, please attach separate sheets of paper. For all other chapters not listed, refer to Codified Ordinances and answer questions on a separate sheet of paper.

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.

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 _____

STATEMENTS AND REQUIREMENTS FOR SPECIFIC CHAPTERS (Continued):

Chapters

872 and 873 Location from which applicant intends to sell _____
Application Must Include: Copy of written statement of permission from the property owner/s where Transient Merchant proposes to sell (if applicable)
 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 page 4) 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
 _____ (873 only) Certificate of Insurance naming City of Freeport as additional insured

APPLICANTS' CERTIFICATION

Please sign and date the application form before a notary public and provide your title with the organization. The application must be signed by an owner, an officer, or partner. The signature must be an original, rubber stamps are not accepted.

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct; they are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Freeport to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the United States of America, the State of Illinois or the City of Freeport. I further agree to notify the City Clerk's office within 30 working days of changes in any of the above information.

 Signature of Applicant Title Date

State of Illinois
 County of _____

Signed and sworn before me on the _____ day of _____, 20_____,
 by _____ (name/s of person/s) as _____
 (type of authority, e.g. officer, trustee, partner, etc.) of _____
 (name of party on behalf of whom instrument was executed)

(Seal) _____
 (Signature of Notary Public)

**SELLER INFORMATION FOR CHAPTER 872 TRANSIENT MERCHANT
AND CHAPTER 873 FOOD TRUCK VENDOR**

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 declare under penalty of perjury, under the laws of the State of Illinois, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

Signature of Seller

Date

Office Use Only:

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

Chief of Police

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

License Officer