

**CITY OF DU QUOIN, ILLINOIS
BUSINESS LICENSE APPLICATION**

APPLICATION NO. _____ LICENSE FEE DUE WITH APPLICATION: \$100

(PLEASE TYPE OR PRINT)

1. Applicant's Name: _____ Phone _____
2. Applicant's Address _____
City _____ State _____ ZIP _____
Contact person if an emergency _____ Phone _____
3. Length of residency at above address _____ years _____ months
4. Applicant's Date of Birth _____ Social Security No. _____ FEIN # _____
5. Marital Status _____ Name of Spouse _____
6. Citizenship of Applicant _____
7. Business Name _____ Phone _____
8. Business Address _____
City _____ State _____ ZIP _____
9. Length of Employment _____ years _____ months
10. All residences and addresses for the last three (3) years if different than above:

11. Name and Address of employers during the last three (3) years if different than above:

12. List the last three (3) municipalities where applicant has carried on business immediately preceding the date of application, if applicable: _____

13. A description of the subject matter that will be used in the applicant's business: _____

14. Has the applicant ever had a license in this municipality? Yes No
If so, when: _____
15. Has a license issued to this applicant ever been revoked? Yes No
If "yes", explain: _____
16. Has the applicant ever been convicted of a violation of any of the provisions of this Code, etc.?
Yes No If "yes", explain: _____

17. Has the applicant ever been convicted of the commission of a felony? Yes No
If "yes", explain: _____

18. LICENSE DATA: Term of License _____
Sales Tax Numbers _____
License Classification _____

19. LIST ALL OWNERS IF LICENSE IS FOR LOCAL BUSINESS (PERMANENT):

20. Type and Location of any toxic, flammable, or hazardous materials stored or used at this location:

21. Does applicant have a County Health Department Certificate(s)? Attach copy. YES

22. Copy of all surety bonds to be attached.

All of the information provided is the truth.

Applicant's Signature

NOTE: Any revisions to the information supplied on this application shall be reported to the City Clerk within forty-eight (48) hours.

OFFICIAL BUSINESS LICENSE

STATE OF ILLINOIS)
COUNTY OF PERRY) **ss.**
CITY OF DU QUOIN)

ILLINOIS SALES TAX NUMBER _____

TO ALL TO WHOM THESE PRESENTS SHALL BECOME GREETINGS:

WHEREAS _____
having complied with all the requirements of the laws of the State of Illinois and the ordinances of the **City of Du Quoin, Illinois** in this behalf made and required license is, by authority of the **City of Du Quoin, Illinois** given and granted to the _____
_____ to _____ at _____
_____ in the **City of Du Quoin, County of Perry, and State of Illinois**, from the _____ date hereof until the _____ day of _____
_____, __, said _____ to be subject to all laws of the State of Illinois and all ordinances of the **City of Du Quoin, Illinois**, not in conflict therewith, which are now or hereafter may be in force touching the premises.

(L.S.)

Given under the hand of the Mayor of the **City of Du Quoin, County of Perry, Illinois** and the seal thereof, this _____ day of _____, _____.

MAYOR
CITY OF DU QUOIN

COUNTERSIGNED:

CITY CLERK
CITY OF DU QUOIN

(SEAL)

CITY OF DU QUOIN

APPLICATION FOR RAFFLE LICENSE

Organization Name: _____
Address: _____
Type of Organization: _____
Length of Existence of Organization: _____

If organization is incorporated, what is the date and state of incorporation?
Date: _____ State: _____

List the organization's presiding officer, secretary, raffle manager, and any other members responsible for the conduct and operation of the raffle.

PRESIDENT:

SECRETARY: _____ Birth Date: _____
Address: _____
Social Security No.: _____ Phone No.: _____

RAFFLE MANAGER: _____ Birth Date: _____
Address: _____
Social Security No.: _____ Phone No.: _____

List any other members responsible for the conduct and operation of the raffle on the back of this page. List name, date of birth, address, social security number, and phone number.

_____ This request is for a single raffle license.
_____ This request is for a multiple raffle license.

The aggregate retail value of all prizes to be awarded: \$ _____
Maximum retail value of each prize to be awarded in the raffle: \$ _____
The maximum price charged for each raffle chance issued: _____
The area or areas in which raffle chances will be sold or issued: _____

Time period during which raffle chances will be issued or sold: _____

The date, time and location at which winning chances will be determined: _____

Date: _____ Time: _____
Location: _____

If multiple raffles license is requested, list on a separate sheet, the date, time, and location for each raffle to be held within the one (1) year period of time from the date of the issuance of the license.

THE APPLICATION FEES ARE NONREFUNDABLE EVEN SHOULD THE APPLICATION BE REJECTED BY THE CITY COUNCIL.

CITY OF DU QUOIN

APPLICATION FOR RAFFLE LICENSE

SWORN STATEMENT

The following officers attest to the not-for-profit character of the applicant organization.

(NAME OF ORGANIZATION)

Dated this _____ day of _____, _____.

PRESIDING OFFICER

SECRETARY

STATE OF ILLINOIS)
) ss.
COUNTY OF PERRY)

Signed and sworn to before me this _____ day of _____, _____.

PRESIDING OFFICER

SECRETARY

NOTARY PUBLIC

CITY OF DU QUOIN

RAFFLE LICENSE

License No.: _____

Organization Name: _____

Address: _____

Area or areas in which raffle chances may be sold or issued: _____

Period of time during which raffle chances may be sold: _____

Maximum price charged for each raffle chance issued or sold: \$_____

Date, time and location at which winning chance will be determined:

Date: _____ Time: _____

Location: _____

THIS LICENSE SHALL BE PROMINENTLY DISPLAYED AT THE TIME AND LOCATION OF THE DETERMINATION OF THE WINNING CHANCES.

WITNESS the hand of the Mayor of the City of Du Quoin and the Corporate Seal thereof, this _____ day of _____, _____.

MAYOR
CITY OF DU QUOIN

CITY CLERK
CITY OF DU QUOIN

(SEAL)

CITY OF DU QUOIN

EXHIBIT 1

The following is the date, time and location at which winning chances will be determined for multiple raffles to be held within a maximum period of **one (1) year** from the date of issuance of this license.

Date: _____ Time: _____
Location: _____

Date: _____ Time: _____
Location: _____

Date: _____ Time: _____
Location: _____

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Location: _____

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Location: _____

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Date: _____ Time: _____
Location: _____

Date: _____ Time: _____
Location: _____

APPLICANT/FIELD CHECK

INFORMATION CARD

Name			Location	Date	Time
Residence Address			D.L.#		
Business Address Info			Vehicle	Color	Yr. Body License
Occupation			Vehicle Modifications:		
Social Security Number					
Race	Sex	Height	Action Leading to Check:		
Weight	Eyes	Hair			
Complexion	Date of Birth				
Unusual Features:					
			Comments:		
Hat	Coat		Associates:		
Cap	Jacket				
Blouse	Dress				
Shirt	Sweater				
Skirt	Trousers				