

**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 Has a license issued to this applicant ever been revoked?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.