

**BUSINESS LICENSE APPLICATION**

**APPLICATION NO.** \_\_\_\_\_ **ANNUAL LICENSE FEE DUE MAY 1ST: \$** \_\_\_\_\_

**(PLEASE TYPE OR PRINT)**

1. Applicant's Name: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_
2. Applicant's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
3. Length of resident at above address \_\_\_\_\_ years \_\_\_\_\_ months
4. Applicant's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_\_
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:  
\_\_\_\_\_  
\_\_\_\_\_
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 Has a license issued to this applicant ever been revoked?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 \_\_\_\_\_  
Fee for License \$ \_\_\_\_\_  
Sales Tax Number \_\_\_\_\_  
License Classification \_\_\_\_\_
19. LIST ALL OWNERS IF LICENSE IS FOR LOCAL BUSINESS (PERMANENT):  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL BUSINESS LICENSE**

**STATE OF ILLINOIS** )  
**COUNTY OF MACOUPIN** ) **ss.**  
**CITY OF CARLINVILLE** )

**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 Carlinville, Illinois** in this behalf made and required license is, by authority of the **City of Carlinville, Illinois** given and granted to the \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ in the **City of Carlinville, County of Macoupin, 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 Carlinville, 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 Carlinville, County of Macoupin, Illinois** and the seal thereof, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**MAYOR**  
**CITY OF CARLINVILLE**

**COUNTERSIGNED:**

\_\_\_\_\_  
**CITY CLERK**  
**CITY OF CARLINVILLE**

**(SEAL)**

**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.**

**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 )

COUNTY OF MACOUPIN ) ss.

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
PRESIDING OFFICER

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
NOTARY PUBLIC

**SINGLE 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 Carlinville and the Corporate Seal thereof, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
MAYOR  
CITY OF CARLINVILLE

\_\_\_\_\_  
CITY CLERK  
CITY OF CARLINVILLE

**(SEAL)**

**MULTIPLE 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: \$\_\_\_\_\_

This is a license for multiple raffles to be held within the maximum period of one (1) year from date of this license. The date, the and location of each raffle is as set forth on Exhibit 1, attached hereto and hereby incorporated by reference.

**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 Carlinville and the Corporate Seal thereof, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
MAYOR  
CITY OF CARLINVILLE

\_\_\_\_\_  
CITY CLERK  
CITY OF CARLINVILLE

**(SEAL)**

## 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: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

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Location: \_\_\_\_\_

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Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_

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				