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 ___/___/___
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   Has a license issued to this applicant ever been revoked?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.   LIST ALL OWNERS IF LICENSE IS FOR LOCAL BUSINESS (PERMANENT):
      _____   _____
      _____   _____

19.   LICENSE DATA: Term of License _____
                    Fee for License $_____
                    License Classification _____

The following documents must be attached to this application:

☐ Copy of Illinois Sales Tax Registration   ☐ Copy of local health permit (if applicable)
☐ Copy of Certificate of Liability Insurance   ☐ Copy of Vehicle Insurance (if applicable)

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 _____, 20__.

_____
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.
_____   This request is for a poker run 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 IF THE APPLICATION IS REJECTED BY THE CITY COUNCIL.

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: _____

Date: _____   Time: _____
Location: _____

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Location: _____

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Location: _____