

**CITY CLERK
550 N Broad St
Carlinville, IL 62626-1019**

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 Has a license issued to this applicant ever been revoked?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:

- | | |
|---|--|
| <input type="checkbox"/> Copy of Illinois Sales Tax Registration | <input type="checkbox"/> Copy of local health permit (if applicable) |
| <input type="checkbox"/> Copy of Certificate of Liability Insurance | <input type="checkbox"/> 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)

**CITY CLERK
550 N Broad St
Carlinville, IL 62626-1019**

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 Carlinsville 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: _____

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Location: _____

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