CITY OF PEORIA, ILLINOIS

LICENSE APPLICATION - GENERAL

1. Type of license requested: ________________________________________________________

2. Business name: _________________________________________________________________
   Mailing address: __________________________________________________________________
   City: ___________________________ State: ___________ Zip: __________________________
   Phone number: ______________________ E-mail: _____________________________

3. List the owner/applicant information. For a proprietorship or partnership: list the information for all owners. For a corporation, list the information for each officer, director, manager; also any stockholder owning or controlling the voting rights to more than 5% of the stock of the corporation, add additional sheets if necessary. NOTE: This section must be fully completed. One or more of these persons must sign the application.
   Name: ___________________________________________ Title: _________________________
   Address: ____________________________________________ Street: ___________________
   City: ___________________________ State: ___________ Zip: __________________________
   Driver’s License: __________________________ State: __________________________
   Home Phone Number: _______________________ Date of Birth: _____________________

   Name: ___________________________________________ Title: _________________________
   Address: ____________________________________________ Street: ___________________
   City: ___________________________ State: ___________ Zip: __________________________
   Driver’s License: __________________________ State: __________________________
   Home Phone Number: _______________________ Date of Birth: _____________________

   Name: ___________________________________________ Title: _________________________
   Address: ____________________________________________ Street: ___________________
   City: ___________________________ State: ___________ Zip: __________________________
   Driver’s License: __________________________ State: __________________________
   Home Phone Number: _______________________ Date of Birth: _____________________

4. Corporation Name: ______________________________________________________________

5. Date of Incorporation: __________________________________________________________________________________

6. Illinois Sales Tax #: __________________________ 6. Peoria Taxpayer #: ________________


12. Business address of location where license is requested: __________________________________________________________

COMPLETE REVERSE SIDE
13. Has anyone listed in #3 on the reverse ever been convicted of a criminal offense or ordinance violation (other than traffic or parking offense) in any jurisdiction? ______________________

14. If yes, list name of person, offense, date of conviction, and place where convicted:
_________________________________________________ ____________________________
__________________________________________________ ___________________________
__________________________________________________ ___________________________

I hereby agree to operate the above described business in accordance with all regulations and conditions imposed by the laws of the State of Illinois and the laws, ordinances and regulations of the City of Peoria. I understand any false statements could result in the revocation or denial of license. I understand I cannot operate prior to receiving and posting the license. (Person who signs below must be listed in #3.)

Signature of Applicant:____________________________ ___________________  Date:_____________

E-mail:_________________________________________ _________________

Signature of Applicant:____________________________ ___________________  Date:_____________

E-mail:_________________________________________ _________________

Signature of Applicant:____________________________ ___________________  Date:_____________

E-mail:_________________________________________ __________________

Please note: This application will be considered complete only when all sections have been completed in their entirety. This application must be completed and submitted annually to this office along with the license fee and if required: bond and lease, contract, or other document showing proof of interest in the premises.

Video Gaming applicants: Must provide copy of State of Illinois Video Gaming License(s); applicant must be 21 years of age or older

Transient Merchant applicants: Must provide copy of Illinois Department of Revenue registration.

Make checks payable to: City of Peoria
Mail or deliver to: Accounts Receivable Office, 419 Fulton Street, Room 111
Peoria, IL  61602
Questions:  (309) 494-8588 or email to: AR@peoriagov.org

This application is to be used for the following license types:

Amusement Arcade  Hotel/Motel  Retail Gasoline Dealer
Auctioneer  House Mover  Sale of Concealable Weapons
Automatic Amusement  Mobile Home Court  Second Hand Dealer
Bowling Lanes  Music Box  Sewer Connector Contractor
Carnival  Outdoor Advertising  Sidewalk & Driveway Contractor
Children's Hospital  Parking Lot Paving Contractor  Theatre
Cigarette  Pool Table (not coin operated)  Transient Merchant
Dance Hall  Restaurant  Video Gaming

OFFICE USE ONLY

Corporation Counsel: ______________________________ Date:_____________

Fire Chief: ________________________________________ Date:_____________

Inspections Director: ________________________________ Date:_____________

Police Records Clerk: ______________________________ Date:_____________

Other:____________________________________________ Date:_____________

01/2013