CHILDREN'S HOSPITAL LICENSE

License Year: _____ **License Number:**_____

Applicant Information:

Applicant Name:_____

Phone:_____ Email:_____

Position/Title:_____

Driver's License or State ID #:_____ Date of Birth:_____

Mailing Address:_____

Name and Location of Hospital

Hospital Name:_____

DBA Name:_____

Hospital Location Address:_____

For License Billing Purposes:

Billing Contact: _____

Mailing Address: _____

Phone: _____ Email: _____

For a proprietorship or partnership, provide the name, mailing address, phone number, and date of birth of all owners. For a corporation, provide the name, mailing address, phone number, and date of birth for each officer, director, manager, or stockholder owning or controlling the voting rights to more than 5% of the stock of the corporation.

1. Name:_____

   Phone:_____ Date of Birth:_____

   Mailing Address:_____

   Position/Title:_____
2. Name:_____

   Phone:_____ Date of Birth:_____

   Mailing Address:_____

   Position/Title:_____
3. Name:_____

   Phone:_____ Date of Birth:_____

   Mailing Address:_____

   Position/Title:_____

OVER

CITY OF PEORIA

CHILDREN'S HOSPITAL LICENSE

Acknowledgement:

If this application is made on behalf of a partnership, club, or corporation, then two signatures are required (must be listed on this application).

I/We, the undersigned, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information. I/We, the undersigned, will not violate the laws of the United States of America, the State of Illinois, and the laws, ordinances, and regulations of the City of Peoria, Illinois. I/We understand any false statements could result in the revocation or denial of the requested license. I/We understand we cannot operate prior to receiving the requested license.

_____ _____

Signature of Applicant Date

_____

Printed Name

_____ _____

Signature of Applicant Date

_____

Printed Name

This application will be considered complete when:

- ✓ All sections of this application are completed in their entirety,
- ✓ The License Fee of **$100.00** has been paid in full.

Submit all indicated items above to:

City of Peoria
Office of Accounts Receivable
419 Fulton St. Rm. 111
Peoria, IL 61602