



TIRE BUSINESS LICENSE APPLICATION

License Year: \_\_\_\_\_

License Number: \_\_\_\_\_

**Applicant Information:**

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

**Licensed Business Information:**

Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

Business Type:  Association  Corporation  Limited Liability Company  Partnership  Proprietorship

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Do you contract out your tire disposal?**     YES     NO

If YES, provide the name of the contractor: \_\_\_\_\_

**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: \_\_\_\_\_



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Has anyone listed on this application ever been convicted of a criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction?

YES NO

If YES, list the name of the person, offense, date of conviction, and location convicted:

\_\_\_\_\_

\_\_\_\_\_

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,

Submit all indicated items above to:

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



**Application for a Tire Business License**

**FEE: \$0.00**

All tire businesses in the City of Peoria are required to obtain a license before operation.

**Requirements:**

1. Up to date and detailed records of tire disposal including:
  - a. Dates of Disposal
  - b. Number of Tires Disposed
  - c. Location of Disposal
  - d. Contact information of 3<sup>rd</sup> party vendor, if applicable
2. Disposal of tires must be done by an approved ILEPA/EPA facility. If using a contracted business for disposal, the business must be a licensed City of Peoria tire business.
3. Disposal records are subject to audit by the City of Peoria upon request.

**License Renewals:**

All Tire Business licenses are valid for one (1) calendar year and expire December 31<sup>st</sup>. Licenses must be renewed annually.

**Questions? Contact us.**

City of Peoria – Office of Accounts Receivable

Email: [ar@peoriagov.org](mailto:ar@peoriagov.org)

Phone: 309.494.8588

Address: 419 Fulton St. Rm. 111 Peoria, IL 61602