

VILLAGE OF PEORIA HEIGHTS

4901 N. Prospect Rd.
Peoria Heights, IL 61616

LICENSE APPLICATION EXCEPT LIQUOR LICENSE

License Year: May 1, 20 to April 30, 20 Business Name: _____

1.	<u>TYPE OF LICENSE REQUESTED</u>	<u>FEE</u>	<u># REQUESTED</u>	<u>AMT. DUE</u>
	Cigarettes, Cigarette Papers, or Wrappers and Tobacco Products License*	\$ 25.00 ea.	_____	_____
	Gun License	\$ 5.00 ea.	_____	_____
	Hackney Carriage License	\$ 10.00 ea.	_____	_____
	Mechanical Music Box or Juke Box**	\$ 25.00 ea.	_____	_____
	Mechanical Amusement Machine** (Video, Pool Table, Shuffle Board, etc.)	\$ 50.00 ea.	_____	_____

*License required for any and all cigarettes, cigarette papers, or wrappers and tobacco product sales.

**Please list the names and serial numbers of these machines on the attached sheet. Licenses cannot be issued without this information.

2. Applicant's Business Name: _____
Business Address: _____
Business Phone Number: (_____) _____

3. If a proprietorship or partnership list names of all owners, their residences, phone numbers, driver's license (or social security) number and date of birth below. If an association or corporation, list the information for all officers and directors (add additional sheets if necessary).

Note: This section must be fully completed.

A) Name: _____ Title: _____
First/Middle/Last
Address: _____
Street City State Zip
Driver's License #: _____ State: _____
Phone #:(_____) Date of Birth: _____

B) Name: _____ Title: _____
First/Middle/Last
Address: _____
Street City State Zip
Driver's License #: _____ State: _____
Phone #:(_____) Date of Birth: _____

C) Name: _____ Title: _____
 First/Middle/Last
 Address: _____
 Street City State Zip
 Driver's License #: _____ State: _____
 Phone #:() _____ Date of Birth: _____

4. Corporation Name: _____

5. Illinois Sales Tax #: _____

6. Address of location where license is requested: _____

7. Has anyone listed in #3 on the previous page ever been convicted of a criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction?

8. 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 Village of Peoria Heights. I understand any false statements could result in the revocation or denial of license.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

WARNING: You may not operate prior to receiving license. License must be posted before you operate.

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 to this office along with the license fee and bond (if required) annually.

Checks should be made payable to the "Village of Peoria Heights".

Mail or return to: Village of Peoria Heights, Administration Office, Attn: Stephanie Turner,
 4901 N. Prospect Road, Peoria Heights, IL 61616

Machine Type

Machine Title

Serial Number

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

13) _____

14) _____

15) _____