

LICENSE YEAR 20_____

CITY OF PEORIA, ILLINOIS
LICENSE APPLICATION - GENERAL

1. Type of license requested: _____
 2. Business name: _____
 - Business address: _____
(not PO Box)
 - _____
 - 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: _____
 - Driver's License: _____ State: _____
 - Home Phone Number: _____ Date of Birth: _____
 - Name: _____ Title: _____
 - Address: _____
 - Driver's License: _____ State: _____
 - Home Phone Number: _____ Date of Birth: _____
 - Name: _____ Title: _____
 - Address: _____
 - Driver's License: _____ State: _____
 - Home Phone Number: _____ Date of Birth: _____
 4. Corporation Name: _____
 5. Date of Incorporation: _____
 6. Illinois Sales Tax #: _____ 6. Peoria Taxpayer #: _____
 7. Dates of Sale: _____ 8. Product for Sale: _____
 9. Seating Capacity: _____ 10. Admission Price: _____
 11. Address of location where license is requested: _____

COMPLETE REVERSE SIDE

12. 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? _____

13. 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.

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

**Make checks payable to:
Mail or deliver to:**

City of Peoria
Accounts Receivable Office, 419 Fulton Street, Room 111
Peoria, IL 61602

Questions:

(309) 494-8588 or email to: AR@ci.peoria.il.us

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

Amusement Arcade
Auctioneer
Automatic Amusement
Bowling Lanes
Carnival
Children's Hospital
Cigarette
Dance Hall

Hotel/Motel
House Mover
Mobile Home Court
Music Box
Outdoor Advertising
Parking Lot Paving Contractor
Pool Table (not coin operated)
Restaurant

Retail Gasoline Dealer
Sale of Concealable Weapons
Second Hand Dealer
Sewer Connector Contractor
Sidewalk & Driveway Contractor
Theatre
Transient Merchant
Other: _____

OFFICE USE ONLY

Corporation Counsel: _____ Date: _____

Fire Chief: _____ Date: _____

Inspections Director: _____ Date: _____

Police Records Clerk: _____ Date: _____

Other: _____ Date: _____