

**VILLAGE OF VILLA PARK
SECONDHAND GOOD
RETAILER'S LICENSE APPLICATION**

20 S. ARDMORE, VILLA PARK, IL 60181
(630)834-8500

TO THE PRESIDENT OF THE VILLAGE OF VILLA PARK:

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR THE ISSUANCE OF A SECONDHAND GOODS LICENSE FOR THE PURCHASE AND SALE OF SECONDHAND GOODS FOR THE PERIOD OF ONE YEAR ENDING APRIL 30TH, AND HEREBY CERTIFIES TO THE FOLLOWING FACTS:

1. NAME OF APPLICANT:

(LAST)

(FIRST)

(MIDDLE)

2. COMPLETE NAME UNDER WHICH BUSINESS IS TO BE CONDUCTED:

(CORPORATE NAME)

(D/B/A/ NAME)

3. COMPLETE ADDRESS OF PREMISES FOR WHICH LICENSE IS SOUGHT:

(NUMBER)

(STREET NAME)

4. FULL DESCRIPTION OF LOCATION, PLACE OR PREMISES, SPECIFYING FLOOR, ROOM, ETC:

5. STATE PRINCIPLE KIND OF BUSINESS:

6. NAME OF PREVIOUS ESTABLISHMENT, IF KNOWN:

7. DOES APPLICANT OWN OR LEASE PREMISES FOR WHICH THIS LICENSE IS SOUGHT?

OWN _____ LEASE _____

IF LEASE, PLEASE PROVIDE EXPIRATION DATE OF SAID LEASE: _____

8. TYPE OF OWNERSHIP: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

8a. FOR CORPORATION – LIST ALL STOCKHOLDERS OWNING 5% OR MORE:
(USE ADDITIONAL SHEET IF NECESSARY)

(A) NAME ADDRESS PERCENT OWNED

(B) NAME ADDRESS PERCENT OWNED

(C) NAME ADDRESS PERCENT OWNED

(D) NAME ADDRESS PERCENT OWNED

DATE OF INCORPORATION: _____ STATE OF INCORPORATION _____

IF STATE DIFFERENT THAN ILLINOIS, LIST DATE QUALIFIED UNDER THE ILLINOIS BUSINESS CORPORATION ACT TO TRANSACT BUSINESS IN ILLINOIS: _____

THERE ARE _____ ADDITIONAL STOCKHOLDERS, EACH OWNING LESS THAN 5%.

THE TOTAL OWNED BY ALL OF THEM IS: _____%

8b. ARE ALL OWNERS, PARTNERS OR ANY INDIVIDUAL OWNING MORE THAN 5% OF THE CORPORATION, A CITIZEN OF THE UNITED STATES? YES _____ NO _____

8c. HAS A BACKGROUND INVESTIGATION BEEN COMPLETED ON ALL STOCKHOLDERS OWNING MORE THAN 5% YES _____ NO _____

9. IS OR WILL THIS BUSINESS BE CONDUCTED BY A MANAGER OR AGENT?

YES _____ NO _____ IF YES, PLEASE COMPLETE THE FOLLOWING

(LAST) (FIRST) (MIDDLE)

ADDRESS CITY STATE ZIP

PLACE OF BIRTH CITIZENSHIP

9a. HAS A BACKGROUND INVESTIGATION BEEN COMPLETED ON THE INDIVIDUAL LISTED ABOVE?

YES _____ NO _____

11. ARE YOU OR IS ANY INDIVIDUAL WHO IS DIRECTLY OR INDIRECTLY INTERESTED IN APPLICANTS PLACE OF BUSINESS A LAW ENFORCING OFFICIAL, PRESIDENT OF THE VILLAGE BOARD OF TRUSTEES, MEMBER OF VILLAGE BOARD OF TRUSTEES, MEMBER OF ANY CITY COUNCIL, OR PRESIDENT OR MEMBER OF A COUNTY BOARD?

YES _____ NO _____

12. HAS APPLICATION BEEN MADE FOR RETAIL LICENSE AT ANOTHER LOCATION?

YES _____ NO _____ IF YES, WHAT WAS THE DISPOSITION OF THE APPLICATION?

13. HAS ANY LICENSE PREVIOUSLY ISSUED TO APPLICANT BY STATE, FEDERAL OR LOCAL AUTHORITIES BEEN REVOKED?

YES _____ NO _____ IF YES, GIVE PARTICULARS: _____

14. HAS ANY INDIVIDUAL LISTED ON THIS APPLICATION EVER BEEN CONVICTED OF ANY FELONY UNDER ANY STATE OR FEDERAL LAW?

YES _____ NO _____ IF YES, LIST NAME, GIVE DATE AND STATE OFFENSE:

15. HAVE ALL INSPECTIONS BEEN COMPLETED FOR OCCUPANCE?
(THROUGH COMMUNITY DEVELOPMENT / FIRE DEPARTMENT / HEALTH DEPARTMENT)

YES _____ NO _____ DATE COMPLETED _____

IF NO, HAVE THE INSPECTIONS BEEN SCHEDULED?

YES _____ NO _____ DATE SCHEDULED _____

AFFIDAVIT

I/WE SWEAR/AFFIRM THAT I/WE HAVE RECEIVED A COPY OF THE VILLAGE ORDINANCE REGARDING SECONDHAND GOODS LICENSES AND THE I/WE WILL NOT VIOLATE ANY OF THE UNITED STATES OF AMERICA, IN THE CONDUCT OF THE PLACE OF BUSINESS DESCRIBED HEREIN AND THE STATEMENTS CONTAINED IN THE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE FURTHER SWEAR/AFFIRM THAT ALL STATEMENTS CONTAINED ON MY/OUR ORIGINAL APPLICATION ARE STILL TRUE AND CORRECT AND IN FULL FORCE AND EFFECT, WITHOUT ANY CHANGES, MODIFICATIONS, DELETIONS OF CORRECTIONS.

_____ **INDIVIDUAL OWNERSHIP** _____
SIGNATURE OF OWNER

_____ **PARTNERSHIP** _____
(SIGNATURE OF ALL PARTNERS)

_____ **CORPORATION** _____
SIGNATURE OF PRESIDENT

SIGNATURE OF SECRETARY

_____ **MANAGER (IF OPERATED BY)** _____
SIGNATURE OF MANAGER

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20 _____

NOTARY PUBLIC

VILLAGE OF VILLA PARK INFORMATION SHEET

ADDRESS OF ESTABLISHMENT

(NO)

(STREET)

NAME OF ESTABLISHMENT

OWNER(S) OF ESTABLISHMENT

ADDRESS OF OWNERS(S)

PHONE # _____

OWNER(S) OF BUILDING

ADDRESS OF OWNER(S)

PHONE # _____

PROVIDE DRAWING OF FLOOR PLAN BELOW