

**VILLAGE OF VILLA PARK  
PAWNBROKER  
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 PAWNBROKER LICENSE FOR THE PURCHASE AND SALE OF PAWNBROKER GOODS FOR THE PERIOD OF ONE YEAR ENDING DECEMBER 31ST , 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)

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(A) NAME ADDRESS PERCENT OWNED

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(B) NAME ADDRESS PERCENT OWNED

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(C) NAME ADDRESS PERCENT OWNED

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(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

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(LAST) (FIRST) (MIDDLE)

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ADDRESS CITY STATE ZIP

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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?

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 HAS ANY LICENSE PREVIOUSLY ISSUED TO APPLICANT BY STATE, FEDERAL OR LOCAL AUTHORITIES BEEN REVOKED?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GIVE PARTICULARS: \_\_\_\_\_

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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:

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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 PAWNBROKER LICENSE 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**