# **VILLAGE OF COLP**

## **BUSINESS LICENSE APPLICATION**

APP	LICATION NO ANNUAL	ANNUAL LICENSE FEE DUE MAY 1ST: \$			
	(PLEASE TY	PE OR PRINT)			
1.	Applicant's Name:		PHONE (	)	
2.	Applicant's Address		(	/	
	City	State		ZIP	
3.	Length of resident at above address	years	months		
4.	Applicant's Date of Birth/	Social Secu	rity No		
5.	Marital Status	Name of Spouse	•		
6.	Length of resident at above address Applicant's Date of Birth/ Marital Status Citizenship of Applicant	·			
7.	Business Name		PHONE (	)	
8.	Business Address				
	Cityyears	State		ZIP	
9.	Length of Employmentyears	smonths	5		
10.	All residences and addresses for the last three (3) years if different than above:				
11.	Name and Address of employers during the last three (3) years if different than above:				
12. 13.	List the last three (3) municipalities who preceding the date of application:  A description of the subject matter that				
14.	Has the applicant ever had a license in this municipality? [ ] Yes [ ] No If so, when				
15.	Has a license issued to this applicant ever been revoked? [ ] Yes [ ] No If "yes", explain:				
16.	Has the applicant ever been convicted Code, etc.?  [ ] Yes [ ] No If "yes", explain:		-		
17.	Has the applicant ever been convicted o	of the commission of a fe	elony? [ ] Ye	s[]No	
	If "yes", explain:		,		
18.	LICENSE DATA: Term of License				
	Fee for License \$				
	Sales Tax Numbe				
	License Classificat				
19.	LIST ALL OWNERS IF LICENSE IS FOR I		IANENT):		

## **OFFICIAL BUSINESS LICENSE**

STATE OF ILLINOIS COUNTY OF WILLIAMSON VILLAGE OF COLP	) ) ss. )			
ILLINOIS SALES TAX NUMBER  TO ALL TO WHOM THESE PRESENTS SHALL BECOME GREETINGS:				
having complied with all the requirem ordinances of the <b>Village of Colp, III</b> by authority of the <b>Village of Colp, II</b>	<b>linois</b> in this behalf made and requir <b>Ilinois</b> given and granted to the	ed license is,		
toin t	the Village of Coln. County of V	Williamson		
and State of Illinois, from the	date hereof until the	day of		
Given under the hand of the <b>Williamson, Illinois</b> and the seal the	e Mayor of the <b>Village of Colp,</b> ereof, this day of,			
	MAYOR VILLAGE OF COLP			
COUNTERSIGNED:				
VILLAGE CLERK VILLAGE OF COLP				
(SEAL)				

#### **VILLAGE OF COLP**

#### **APPLICATION FOR RAFFLE OR POKER RUN LICENSE**

Organization Name:					
Type of Organization:					
Length of Existence of Organization:					
Length of Existence of Organization					
If organization is incorporated, what is the date and state of incorporation?  Date: State:					
List the organization's presiding offic responsible for the conduct and operat	er, secretary, raffle manager, and any other members tion of the raffle.				
PRESIDENT:					
SECRETARY:	Birth Date:				
Address:					
Social Security No.:	Phone No.:				
RAFFLE MANAGER:	Birth Date:				
Address:					
Social Security No.:	Phone No.:				
this page. List name, date of birth, ad  This request is for	or the conduct and operation of the raffle on the back of dress, social security number, and phone number.  or a single raffle license.  or a multiple raffle license.				
The aggregate retail value of all prizes	to be awarded: \$				
Maximum retail value of each prize to	be awarded in the raffle: \$				
The maximum price charged for each i	raffle chance issued:				
The area or areas in which raffle chance	ces will be sold or issued:				
Time period during which raffle chance	es will be issued or sold:				
The date, time and location at which w	vinning chances will be determined:				
Date:	Time:				
Location:					

If multiple raffles license is requested, list on a separate sheet, the date, time, and location for each raffle to be held within the one (1) year period of time from the date of the issuance of the license.

THE APPLICATION FEES ARE NONREFUNDABLE EVEN SHOULD THE APPLICATION BE REJECTED BY THE VILLAGE BOARD.