

VILLAGE OF LOVINGTON

BUSINESS LICENSE APPLICATION

APPLICATION NO. _____ ANNUAL LICENSE FEE DUE MAY 1ST: \$ _____

(PLEASE TYPE 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 Security No. _____
5. Marital Status _____ Name of Spouse _____
6. Citizenship of Applicant _____
7. Business Name _____ PHONE () _____
8. Business Address _____
City _____ State _____ ZIP _____
9. Length of Employment _____ years _____ months
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. List the last three (3) municipalities where applicant has carried on business immediately preceding the date of application:

13. A description of the subject matter that will be used in the applicant's business:

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 Has a license issued to this applicant ever been revoked?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 of a violation of any of the provisions of this Code, etc.? ☐ Yes ☐ No
If "yes", explain: _____
17. Has the applicant ever been convicted of the commission of a felony? ☐ Yes ☐ No
If "yes", explain: _____
18. LICENSE DATA: Term of License _____
Fee for License \$ _____
Sales Tax Number _____
License Classification _____
19. LIST ALL OWNERS IF LICENSE IS FOR LOCAL BUSINESS (PERMANENT):

STATE OF ILLINOIS)
COUNTY OF MOULTRIE) ss.
VILLAGE OF LOVINGTON)

(SEAL)

VILLAGE OF LOVINGTON

APPLICATION FOR RAFFLE AND/OR POKER RUN LICENSE

Organization Name: _____

Address: _____

Type 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 officer, secretary, raffle manager, and any other members responsible for the conduct and operation of the raffle and/or poker run.

PRESIDENT:

SECRETARY: _____ Birth Date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

RAFFLE MANAGER: _____ Birth Date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

List any other members responsible for the conduct and operation of the raffle on the back of this page. List name, date of birth, address, social security number, and phone number.

_____ This request is for a single raffle and/or poker run license.
_____ This request is for a multiple raffle and/or poker run 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 raffle chance issued: _____

The area or areas in which raffle chances will be sold or issued: _____

Time period during which raffle chances will be issued or sold: _____

The date, time and location at which winning 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.