



Application for Out of Town Business License

Date: _____

Name: _____ Phone: _____
Last First MI Maiden

Address: _____
City State Zip

Number of Years at Current Address: _____ Rent ___ Buy ___ Own ___

Tax I.D. #: _____ Social Security #: _____ Drivers License #: _____

Prior Address: _____
City State Zip

Date of Birth: _____ U.S. Citizen? _____

Criminal Record: _____ If "Yes" Explain: _____

Spouse's Name: _____ Phone: _____
Last First MI Maiden

Address: _____
City State Zip

Date of Birth: _____ Social Security #: _____

Drivers License #: _____ U.S. Citizen? _____ Criminal Record? _____

Name of Business: _____

Address: _____
Complete Mailing Address of Business

State the exact nature of the business to be conducted:

Have you ever been refused a business license? _____ When _____

Where _____ Reason _____

Please complete form and submit to City Hall with Fee of \$50 (cash or check).
615 Madison Avenue Madison, IL 62060 | (618) 876-6268

List two references (No Relatives):

Name

Address

Phone

Applicant states that he/she has never been convicted of a felony, and is not disqualified to receive a license by reason of any matter or thing contained in the laws of the United States, of the State of Illinois, or ordinance of the City of Madison, applicant further states he will not violate any laws of the United States, of the State of Illinois, or any ordinance of the City of Madison, in the conduct of his/her business.

_____ Applicant

State of Illinois }

}

SS

County of Madison }

_____ being first duly sworn on his/her oath states that he/she has read the above and foregoing application, and knows the contents thereof and that the statements therein made are true.

_____ Applicant

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____.

_____ Notary Public

(Seal)

My Commission Expires:

Please complete form and submit to City Hall with Fee of \$50 (cash or check).

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