

VILLAGE OF WESTFIELD

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 Has a license issued to this applicant ever been revoked?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):

VILLAGE OF WESTFIELD

OFFICIAL BUSINESS LICENSE

STATE OF ILLINOIS)
COUNTY OF CLARK) ss.
VILLAGE OF WESTFIELD)

ILLINOIS SALES TAX NUMBER _____

TO ALL TO WHOM THESE PRESENTS SHALL BECOME GREETINGS:

WHEREAS _____
having complied with all the requirements of the laws of the State of Illinois and the ordinances of the **Village of Westfield, Illinois** in this behalf made and required license is, by authority of the **Village of Westfield, Illinois** given and granted to the _
_____ to _____ at _____
_____ in the **Village of Westfield, County of Clark, and State of Illinois**, from the _____ date hereof until the _____ day of _____, __, said _____
to be subject to all laws of the State of Illinois and all ordinances of the **Village of Westfield, Illinois**, not in conflict therewith, which are now or hereafter may be in force touching the premises.

(L.S.)

Given under the hand of the Mayor of the **Village of Westfield, County of Clark, Illinois** and the seal thereof, this _____ day of _____, _____.

MAYOR
VILLAGE OF WESTFIELD

COUNTERSIGNED:

VILLAGE CLERK
VILLAGE OF WESTFIELD

(SEAL)

VILLAGE OF WESTFIELD

APPLICATION FOR RAFFLE 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.

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 license.
_____ This request is for 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 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.

APPLICANT/FIELD CHECK

INFORMATION CARD

Name	Location Date Time
Residence Address	D.L.#
Business Address Info	Vehicle Color Yr. Body License
Occupation	Vehicle Modifications:
Social Security Number	
Race Sex Height	Action Leading to Check:
Weight Eyes Hair	
Complexion Date of Birth	
Unusual Features:	
	Comments:
Hat Coat	Associates:
Cap Jacket	
Blouse Dress	
Shirt Sweater	
Skirt Trousers	