



20600 City Center Blvd.
Crest Hill, IL 60403
815-741-5100

Raymond R. Soliman, MAYOR

Christine Vershay-Hall, CITY CLERK

Sexually Orientated Business License

NOTICE TO ALL APPLICANTS:

The application is not valid unless completed IN FULL and will be returned if incomplete or inaccurate. A business license WILL NOT be issued until an acceptable application is received and an investigation, review and actions have been taken.

Date of Application: _____

Name of Business: _____

Address: _____

Telephone number of business: _____

General description of services provided: _____

OPERATOR:

Name: _____

Date of Birth: _____

Address: _____

Telephone number: _____

Driver's License number: _____

Alias or other number known by: _____

"OWNER" includes the proprietor if a sole proprietorship, all partners (general and limited) if a partnership, or all officers, directors, and persons holding ten percent (10%) or more of the outstanding shares if a corporation.

OWNER (S):

Name: _____

Date of Birth: _____

Address: _____

Telephone number: _____

Driver's License number: _____

Alias or other number known by: _____

Percentage of ownership _____

USE ADDITIONAL PAGES PROVIDED AS NEEDED

The date on which the owner(s) acquired the business for which the license is sought, and the date on which the business began or is to begin operations as an enterprise at the location for which the permit is sought:

Date Acquired

Date of Operation

EMPLOYEES

List of all employees and or contractors:

IT IS THE OWNER'S RESPONSIBILITY TO NOTIFY THE CITY OF CREST HILL OF ALL PRESENT AND FUTURE EMPLOYEES.

Name: _____

Date of Birth: _____

Address: _____

Name: _____

Date of Birth: _____

Address: _____

Name: _____

Date of Birth: _____

Address: _____

USE ADDITIONAL PAGE PROVIDED AS NEEDED

Has the owner and/or operator previously operated a sexually orientated business in this or any other county, city or state?

If yes, has the owner and /or operator ever had such license revoked or suspended, the reason therefore, and the business entity or trade name under which the owner and/or operator operated that was subject to the suspension or revocation?

(Business Name)

(Street Address)

Has the owner (s) and/or operator been convicted of any felony within the last ten (10) years, or any criminal offense involving controlled substances, moral turpitude, prostitution, obscenity, or other crime of a sexual nature?

Yes _____ No _____

If yes, explain: _____

THE APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

1. A certified copy of the assumed name certificate if the business is to be operated under an assumed name.
2. If the business is an Illinois corporation, a certified copy of the articles of incorporation, together with all amendments thereto.
3. If the business is a foreign corporation, a certified copy of the certificate of authorization to transact business in this state, together with all amendments thereto.
4. If the business is a limited partnership formed under the laws of Illinois, a certified copy of the certificate of limited partnership, together with all amendments thereof.
5. If the enterprise is a foreign limited partnership, a certified copy of the certificate of limited partnership and the qualification documents, together with all amendments thereto.
6. Any of items (1) through (5), above shall not be required for a renewal application if the applicant states that the documents previously furnished with the original application or previous renewals thereof remain correct and current.
7. If the premises are leased or being purchased under contract, a copy of such lease or contract shall accompany the application.
8. Attach a copy of the legal description of the parcel of land on which the business is to be located.

THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE HAS PERSONAL KNOWLEDGE OF THE INFORMATION CONTAINED IN THE APPLICATION AND THAT THE INFORMATION CONTAINED IN THE APPLICATION AND THAT THE INFORMATION CONTAINED THEREIN IS TRUE AND CORRECT. FURTHER, THE APPLICANT ACKNOWLEDGES THAT HE/SHE HAS READ THE PROVISIONS OF ORDINANCES #1191 AND #1192

PRINT NAME

TITLE

SIGNATURE

DATE

State of: Illinois

County of: Will

Subscribed and sworn to (or affirmed) before me this _____ day of _____ in the year 20_____

Signature of Notary

My Commission Expires

FOR OFFICE USE ONLY

License # _____

Annual fee: \$1,200.00

Date received: _____

Date approved: _____

Additional Page

EMPLOYEES

List of employees and or contractors:

Name: _____

Date of Birth: _____

Address: _____

Name: _____

Date of Birth: _____

Address: _____

Name: _____

Date of Birth: _____

Address: _____

OWNER(S)

Name: _____

Date of Birth: _____ Percentage of Ownership: _____

Address: _____

Telephone number: _____

Driver's License number: _____

Alias or other number known by: _____

Name: _____

Date of Birth: _____ Percentage of Ownership: _____

Address: _____

Telephone number: _____

Driver's License number: _____

Alias or other number known by: _____
