APPLICATION FOR SECONDHAND DEALER LICENSE

License No. _____
Customer No. _____

Business Information:

1. Business Name ("dba"): _____
   Business Address: _____
   Ownership Type (Choose One): □ Individual □ Partnership □ Corporation □ LLC
   □ Other: _____

2. Types of items requesting to sell: □ *Additional sheet attached*

   _____ _____
   _____ _____
   _____ _____

Applicant Information:

3. **If an individual or partnership:**

   Full name(s) & Social Security No.(s). _____
   _____

   Address and phone number of applicant (s). _____
   _____

   Place of Birth _____ Date of Birth _____

   Driver's license number or federal tax identification number of applicant (s).
   _____
   _____

4. **If a corporation or association:**

   Full names, Social Security Numbers, Addresses, Phone numbers and Driver's License numbers of Officers, Directors, and all persons owning directly or beneficially more than 5% of the stock.
   □ *Additional names attached*

   Full name(s) & Social Security Number(s). _____
   _____

   Addresses and Phone numbers _____
   _____

   Place of Birth _____ Date of Birth _____

   Driver's License numbers or Federal Tax Identification numbers
   _____

5. State length of time said applicant has been in this business, or, in the case of a corporation, date when its charter was issued. _____

6. If a leased premises, a copy of the Lease shall be provided as required and shall be for a term of sufficient length to encompass the period of the license sought.

7. List the name and address of the owner or owners of the premises and all the owners of the beneficial interest of any trust if said premises is held in trust.

_____

_____

8. Has the applicant made application for a similar or other license on premises other than described in this application? _____ If yes, state disposition of such application.

_____

9. State whether the applicant, its partners, officers or listed shareholders, have been convicted of any criminal offense or ordinance violation (other than traffic or parking offenses) in any jurisdiction _____and, if so, a list of such convictions with date and prosecuting jurisdiction.

_____

10. State whether a previous license regulating the purchase or sale of secondhand property by any State or subdivision thereof, or by the Federal government has been issued. _____ If so, where and when, or if any such license has been revoked, the reasons therefore, the date of revocation and jurisdiction.

_____

_____

11. State the date of incorporation, if an Illinois Corporation, or the date of becoming qualified under the Illinois Business Corporation Act to transact business in Illinois if a foreign corporation. (Attach a copy of the articles of incorporation.) _____

_____

12. The applicant states that he or she will not violate any of the laws of the State of Illinois or of the United States, or any ordinance of the City in the conduct of his or her place of business.

I do hereby swear (or affirm) that the above information is true to the best of my knowledge and belief. (If application is made on behalf of a partnership, corporation or association, then the same shall be signed and sworn to by at least two members, or the president and secretary of a corporation.)

_____
Signature of Applicant

_____
Second signature and title

State of Illinois)
) SS
County of _____)

Subscribed and sworn before me this _____
Day of _____, 20_____.

_____
Notary Public