



CITY OF DECATUR
 FINANCE DEPARTMENT
 #1 GARY K ANDERSON PLAZA
 DECATUR IL 62523
 LICENSING – (217) 424-2709

FEE: \$50
 License Expires December 31

**SECONDHAND STORE, AUCTION HOUSE, AND RUMMAGE ROOM
 LICENSE APPLICATION**

Circle one: New Renewal Change of Name Change of Address

Circle one: Corporation LLC Partnership Individual Owner

PLEASE PRINT

Name _____

Doing Business As _____ Phone # _____

Business Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Applicant's Name _____ Phone # _____
First MI Last

Names and Addresses of Owner, Partners, or Stockholders (10%+), Officers/Directors of Corporation:
 (use additional sheets of paper if necessary)

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

Name _____ Title _____
First MI Last

Address _____
Street City State Zip Code

I do hereby certify that the above statements made by me are true to the best of my knowledge.

_____/_____
 Signature of Applicant Title

TO BE COMPLETED BY FINANCE DEPT.	New _____ Renewal _____
_____	Amount Paid \$ _____
_____	Date Paid _____
City Manager or Designee	License Number _____
Date	License Issued _____



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**SECONDHAND STORE, AUCTION HOUSE AND RUMMAGE ROOM LICENSE
 OWNER'S, OFFICERS, DIRECTORS, STOCKHOLDERS OR PARTNER'S STATEMENT**

Date _____

Name of Business _____

Address of Business _____

Please provide copy of photo ID and a list of all similar businesses in which you have a financial interest, in or out of this jurisdiction.

Have you ever been convicted of a felony or any other theft related offense in any jurisdiction?
 Yes _____ No _____ If yes, please explain.(Use additional sheet if necessary)

Have you ever had a Secondhand Store, Auction House, and Rummage Room License revoked?
 Yes _____ No _____

The undersigned, being first duly sworn on oath deposes and says:

1. That the matters and things set out in this statement are true.
2. That he is of good character and reputation in the community in which he resides and has not been convicted of a felony, theft, or theft related offense(s) under any state or federal law within ten years prior to this date.

PLEASE PRINT

Name _____ Phone # _____
First MI Last

Address _____
Street City State Zip Code

Date of Birth _____

Signature _____

STATE OF ILLINOIS)
) SS.
 COUNTY OF MACON)

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

 Notary Public

(Seal)

