



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

FEE: \$450
 Transfer \$50
 License Expires December 31

MOBILE HOME PARK LICENSE APPLICATION

Circle one: Corporation LLC Partnership Individual Owner

PLEASE PRINT

Business Name _____

Doing Business As _____ Phone # _____

Park Address _____
Street City State Zip Code

Please provide legal description of the tract of land upon which mobile home park in operated.

Mailing Address _____
Street City State Zip Code

Applicant's Name _____ Phone # _____

Contact/Manager _____ Phone # _____

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

Name _____ Title _____

Address _____
Street City State Zip Code

Name _____ Title _____

Address _____
Street City State Zip Code

Name _____ Title _____

Address _____
Street City State Zip Code

Number of Lots in Park _____

I (we) hereby swear (or affirm) that the statements herein contained are true and correct.

_____/_____
 Signature of Applicant Title

TO BE COMPLETED BY FINANCE DEPT		New ___ Renewal ___ Transfer ___
_____		Amount Paid \$ _____
_____		Date Paid _____
City Manager or Designee	Date	License No. _____
		License Issued _____