



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

License Expires
 December 31st

**SECONDHAND STORE, AUCTION HOUSE, AND RUMMAGE ROOM
 LICENSE ONLINE APPLICATION REQUIRED FORM**

PLEASE PRINT

Name _____
Corporation Name, LLC Name, Partnership Name or First, MI, & Last Name

Doing Business As _____ Phone # _____

Address _____
Street City State Zip Code

Mailing Address _____
Street City State Zip Code

Please provide copy of photo ID and a list of all similar businesses in which any owners, partners, shareholders, officers, and directors have a financial interest, in or out of this jurisdiction.

THE UNDERSIGNED, BEING FIRST DULY SWORN, ON OATH DEPOSES AND SAYS:

(Please initial after each statement)

- 1. That all owners, partners, shareholders, officers and directors are of good character and reputation in the community in which they reside and have 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. _____**
- 2. Does hereby state under penalties of perjury that an online application required form was submitted with all requisite information and documents and that all statements and information provided are true and correct. _____**

PLEASE PRINT

Name _____ Phone # _____
First MI Last

Address _____
Address 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)