





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

**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)





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**SECONDHAND STORE, AUCTION HOUSE AND RUMMAGE ROOM LICENSE**  
 LIST OF EMPLOYEES

NAME OF BUSINESS \_\_\_\_\_

Please list the full names, State License/ID Number (attach copy of), dates of birth, and answer to questions for all employees:

**Name (First, MI, Last)**      **License/ID #**      **Date of birth**      **Ever been convicted of a felony or theft?(yes/no)**      **Ever had a 2<sup>nd</sup> hand store license revoked?(yes/no)**

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