

VILLAGE OF PALESTINE

BUSINESS LICENSE APPLICATION

APPLICATION NO. _____ ANNUAL LICENSE FEE DUE MAY 1ST: \$ _____

(PLEASE TYPE OR PRINT)

1. Applicant's Name: _____ PHONE () _____
2. Applicant's Address _____
City _____ State _____ ZIP _____
3. Length of resident at above address _____ years _____ months
4. Applicant's Date of Birth ____/____/____ Social Security No. _____
5. Marital Status _____ Name of Spouse _____
6. Citizenship of Applicant _____
7. Business Name _____ PHONE () _____
8. Business Address _____
City _____ State _____ ZIP _____
9. Length of Employment _____ years _____ months
10. All residences and addresses for the last three (3) years if different than above:

11. Name and Address of employers during the last three (3) years if different than above:

12. List the last three (3) municipalities where applicant has carried on business immediately preceding the date of application:

13. A description of the subject matter that will be used in the applicant's business:

14. Has the applicant ever had a license in this municipality? ☐ Yes ☐ No
If so, when _____
15. Has a license issued to this applicant ever been revoked? ☐ Yes ☐ No
If "yes", explain: _____
16. Has the applicant ever been convicted of a violation of any of the provisions of this Code, etc.? ☐ Yes ☐ No
If "yes", explain: _____
17. Has the applicant ever been convicted of the commission of a felony? ☐ Yes ☐ No
If "yes", explain: _____
18. LICENSE DATA: Term of License _____
Fee for License \$ _____
Sales Tax Number _____
License Classification _____
19. LIST ALL OWNERS IF LICENSE IS FOR LOCAL BUSINESS (PERMANENT):

OFFICIAL BUSINESS LICENSE

STATE OF ILLINOIS)
COUNTY OF CRAWFORD) ss.
VILLAGE OF PALESTINE)

ILLINOIS SALES TAX NUMBER _____

TO ALL TO WHOM THESE PRESENTS SHALL BECOME GREETINGS:

WHEREAS _____,
having complied with all the requirements of the laws of the State of Illinois and the ordinances
of the **Village of Palestine, Illinois** in this behalf made and required license is, by authority of
the **Village of Palestine, Illinois** given and granted to the _____
to _____ at _____
_____ in the **Village of Palestine, County of Crawford, and State of Illinois**, from the ____
_____ date hereof until the _____ day of _____, __, said _____
_____ to be subject to all laws of the State of Illinois and all ordinances
of the **Village of Palestine, Illinois**, not in conflict therewith, which are now or hereafter may be
in force touching the premises.

(L.S.)

Given under the hand of the Mayor of the **Village of Palestine, County of Crawford,**
Illinois and the seal thereof, this _____ day of _____, 20____.

MAYOR
VILLAGE OF PALESTINE

COUNTERSIGNED:

VILLAGE CLERK
VILLAGE OF PALESTINE

(SEAL)

VILLAGE OF PALESTINE

APPLICATION FOR RAFFLE OR POKER RUN LICENSE

Organization Name: _____

Address: _____

Type of Organization: _____

Length of Existence of Organization: _____

If organization is incorporated, what is the date and state of incorporation?

Date: _____ State: _____

List the organization's presiding officer, secretary, raffle manager, and any other members responsible for the conduct and operation of the raffle.

PRESIDENT:

SECRETARY: _____ Birth Date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

RAFFLE MANAGER: _____ Birth Date: _____

Address: _____

Social Security No.: _____ Phone No.: _____

List any other members responsible for the conduct and operation of the raffle on the back of this page.
List name, date of birth, address, social security number, and phone number.

_____ This request is for a single raffle license.

_____ This request is for a multiple raffle license.

The aggregate retail value of all prizes to be awarded: \$ _____

Maximum retail value of each prize to be awarded in the raffle: \$ _____

The maximum price charged for each raffle chance issued: _____

The area or areas in which raffle chances will be sold or issued: _____

Time period during which raffle chances will be issued or sold: _____

The date, time and location at which winning chances will be determined: _____

Date: _____ Time: _____

Location: _____

If multiple raffles license is requested, list on a separate sheet, the date, time, and location for each raffle to be held within the one (1) year period of time from the date of the issuance of the license.

THE APPLICATION FEES ARE NONREFUNDABLE EVEN SHOULD THE APPLICATION BE REJECTED BY THE VILLAGE BOARD.

VILLAGE OF PALESTINE

SINGLE RAFFLE LICENSE

License No.: _____

Organization Name: _____

Address: _____

Area or areas in which raffle chances may be sold or issued: _____

Period of time during which raffle chances may be sold: _____

Maximum price charged for each raffle chance issued or sold: \$ _____

Date, time and location at which winning chance will be determined: _____

Date: _____ Time: _____

Location: _____

THIS LICENSE SHALL BE PROMINENTLY DISPLAYED AT THE TIME AND LOCATION OF THE DETERMINATION OF THE WINNING CHANCES.

WITNESS the hand of the Mayor of the Village of Palestine and the Corporate Seal thereof, this _
day of _____, 20____.

MAYOR
VILLAGE OF PALESTINE

VILLAGE CLERK
VILLAGE OF PALESTINE

(SEAL)

VILLAGE OF PALESTINE

APPLICANT/FIELD CHECK

INFORMATION CARD

Name		Location	Date	Time
Residence Address		D.L.		
Business Address		Vehicle	Color	Yr. Body License Info
Occupation		Vehicle Modifications:		
Social Security Number				
Race	Sex	Height		
Weight	Eyes	Hair		
Complexion		Date of Birth		
Unusual Features:				
		Comments:		
Hat	Coat	Associates:		
Cap	Jacket			
Blouse	Dress			
Shirt	Sweater			

Skirt

Trousers