

City of Springfield City Clerk's Office

Charles Redpath

300 S. 7th St. Rm. 106

Springfield, IL. 62701

Phone: 217-789-2216 Fax: 217-789-2144

Email: city.clerk@springfield.il.us

SECONDHAND DEALER LICENSE APPLICATION

IMPORTANT: Application must be completed in full and notarized before it will be accepted. All fees must be paid at the time the application is submitted

Annual License Fee: \$100.00			
New License Application	Renewal License Application		
Please select the option that best describes your business:			
CorporationLLCPartnershipSole Prop	rietorshipIndividualOther		
If you chose other, please explain here:			
Business Name: (Entity)	Sales Tax #:		
Business Address:	City/State/Zip:		
Assumed Name (DBA):	Business Phone #		
Email Address:	FEIN#:		
Name of Applicant:	Home Phone #:		
Home Address:	City/State/Zip:		
Alias Name/Maiden Name:	Date of Birth:		
Driver's License #:	Issuing State:		
Website Address:			

^{***} MUST INCLUDE A PHOTOCOPY OF GOVERNMENT ISSUED IDENTICATION CARD***

List the name, title, addresses and date of birth for all officers, directors, stockholders owning more than 5% (and their percentage of ownership), and each manager or agent who will conduct business or work in the place of business. (attach separate sheet if necessary.)					
					Name:
offense ordir	nance violatio	n (other than traf		een convicted of any ses) in any jurisdiction	
license issue	d by the city o	or any other jurisd	liction regulating th	eld a license or had a e purchase or sale o	
property rev	oked for caus	e, and if so, list th	e date of revocation	n and jurisdiction:	
Date of Revo	cation:	Jurisdiction	of Revocation:		
f the applican	t deals in, bu	ys or sells, or disp	lays firearms, derrii	ngers, bowie knifes,	dirks or other
o federal or s	tate law perta	aining to the buyi	ng or selling of such	and current license on firearms, derringers licable license or per	s. Bowie knives,

Affidavit

State of Illinois)			
) SS			
County of Sangamon)			
I/We, the undersigned, being first duly sworn, say that I/We have read the foregoing application and that the statements therein are true, complete and correct and are upon my/our personal knowledge and information that I/We will not violate any of the ordinances of the City of Springfield or the laws of the United States of America, in the conduct of the place of business described herein.				
owning more than 5% on not be disqualified to rethe City of Springfield a	resented that no officer, manager, director, or stockholder of the Corporation, of the stock in such Corporation, has ever been convicted of a felony and would eceive a license by reason of any matter or thing contained in the Ordinances of nd that no officer, manager, director or stockholder will violate any of the Laws r of the United States, or any Ordinances of the City of Springfield in the conduct is described herein.			
• •	owledges the obligation of those person(s) identified above on this application to nvestigation upon the request by the City of Springfield.			
Dated at Spring	field, Illinois thisday of, A.D			
Signature of Ap	plicant:			
Signature of Ap	plicant:			
Signature of Ma	anager:			
Signature of Bu	siness Owner:			
l,	, a Notary Public in and for said County in			
•	hereby certify that the applicant(s), appeared before me this day in person and ned the foregoing application as their free and voluntary act for the use and rth.			
Given under m	y hand and notary seal thisday of, A.D			
SEAL				

Notary Public