

PART III. PARTNERSHIP

Partnership Applicant Information (PLEASE PRINT)	
Name of Partnership: _____	Name(s) of person(s) who have an interest or are entitled to share in the profits of the partnership: _____
Business Address: _____	_____
City: _____ State: _____ Zip: _____	_____
Date partnership formed: _____ State: _____	_____

With respect to each person listed above, answer the following. In the event that there are more than two such persons, please attach a separate sheet to this Application stating the above information with respect to each of them.

Name _____ last first middle	Email: _____
Residence address: _____	Date of birth: _____
City: _____ State: _____ Zip: _____	Driver's License No. & State _____
Residence phone: () _____	or Other Official I.D. # _____
Fax No. () _____	

Name _____ last first middle	Email: _____
Residence address: _____	Date of birth: _____
City: _____ State: _____ Zip: _____	Driver's License No. . & State _____
Residence phone: () _____	or Other Official I.D. # _____
Fax No. () _____	

PART IV. CORPORATION

Corporate Applicant Information (PLEASE PRINT)	
Name of Corporation: _____	Date of Incorporation: _____
Corporation Address: _____	State of Incorporation: _____
City: _____ State: _____ Zip: _____	If state of incorporation is other than Illinois, the date the Corporation was qualified to do business in Illinois: _____
Fax No. () _____	_____
Email: _____	Corporation File # _____
Name(s) of Officers of the Corporation: _____	Purposes for which the Corporation was formed: _____
_____	Name(s) of Directors of the Corporation: _____
_____	_____
_____	_____

Name(s) of Shareholders of the Corporation who own more than five (5%) percent of the stock of the Corporation: _____ _____ _____ _____	_____ Name and address of Corporation's registered agent in Illinois: _____ _____ _____
	Telephone No.: () _____ City: _____ State: _____ Zip: _____

With respect to each person listed above, answer the following. In the event that there are more than two such persons, please attach a separate sheet to this Application stating the above information with respect to each of them.

Name _____ last first middle	Position (please check one): Officer () Director () Shareholder ()
Residence Address: _____ City: _____ State: _____ Zip: _____	Title of Officer: _____ Date of birth: _____
Residence phone: : () _____	

Name _____ last first middle	Position (please check one): Officer () Director () Shareholder ()
Residence Address: _____ City: _____ State: _____ Zip: _____	Title of Officer: _____ Date of birth: _____
Residence phone: () _____	

PART V. MANAGER INFORMATION

Every business must have a named manager, including sole proprietorships.

Please answer the following with respect to each Manager or Agent. In the event there are more than two such persons, please attach a separate sheet to this Application stating the required information with respect to each of them.

Name _____ last first middle	Date of birth: _____ Driver's License No. & State _____ or Other Official I.D. # _____
Residence address: _____ City: _____ State: _____ Zip: _____	Residence phone: () _____ Cell phone: () _____

PART VI. EMPLOYEE INFORMATION

The following information must be provided for all employees.

Name _____ last first middle	Date of birth: _____
Residence address: _____	Driver's License No. & State _____
City: _____ State: _____ Zip: _____	or Other Official I.D. # _____
	Residence phone: (____) _____
	Cell phone: (____) _____

PART VII. CERTIFICATION

By signing Part VIII of this application, the applicant certifies as follows:

1) Applicant is the owner of the premises for which license is applied for or has a lease thereon for the full period for which the license is to be issued.

Yes No

2) Applicant is the Lessee for the premises for which the license is being applied for and the Lessor is as follows:
A copy of the lease must be attached for new applicants only.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

3) Has Applicant ever made a similar application for a similar license on premises other than described in this application?

Yes No

If yes, the disposition thereof was as follows: _____

4) Does Applicant hold a current secondhand goods dealer or pawn broker license issued by any other municipality(ies) in the State of Illinois?

Yes No

If yes, please list municipality(ies) _____

(If there are multiple locations, you may attach a separate sheet listing all locations in Illinois.)

5) Has Applicant ever held a previous license issued by the Federal government, the State of Illinois, or any other state or subdivision thereof, or with any unit of local government which has been revoked, suspended, or denied?

Yes No

If yes, the reasons were as follows: _____

6) Has Applicant ever held a previous license issued by the Federal government, the State of Illinois, or any subdivision thereof, or with any unit of local government, in which the applicant was fined for an ordinance violation?

Yes No

If yes, the reasons were as follows: _____

7) The Applicant further certifies that the following is true and correct:

(i) Has Applicant been disqualified to receive a secondhand goods dealer or pawn broker license by reasons of any matter of things contained in the Mundelein Municipal Code, any ordinance of the Village, or any laws of the State of Illinois or the United States?

Yes No

(ii) Has Applicant or Manager or any employee ever been convicted of a felony or convicted of the offense(s) of possession of stolen goods, burglary, robbery, or who has been convicted of any criminal offense involving dishonesty or moral turpitude?

Yes No

(iii) Has Applicant ever been the holder or holders of a license issued by the Village of Mundelein which has been revoked, suspended or denied?

Yes No

(iv) Is Applicant currently serving as a public law enforcement officer, member of the Village of Mundelein Liquor Control Commission, President or a Trustee of said Village, or President or member of a County Board?

Yes No

Signature of Applicant

