



# CITY OF CHILLICOTHE

Office of the City Clerk 908 N SECOND ST., PO BOX 145, CHILLICOTHE, IL 61523 (309)274-5518

## SECOND- HAND DEALER LICENSE APPLICATION

NAME AND ADDRESS OF APPLICANT: \_\_\_\_\_  
\_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ FEIN# \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR AN LICENSE TO OPERATE A SECOND-HAND DEALER, A/K/A ANTIQUE DEALER,  
WITH THE CITY OF CHILLICOTHE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\*\*\*\*\*VALIDATION AREA\*\*\*\*\*

Attach \$50.00 License Fee, payable to the City of Chillicothe

Attach License Bond (\$500.00) with one or more sureties

Date Received by City Clerk: \_\_\_\_\_

Fee Received:  Cash  Check # \_\_\_\_\_