



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 Certificate of Liability of Insurance

Date Received by City Clerk: _____

Fee Received: Cash Check # _____