

**APPLICATION FOR PERMIT  
CITY OF MORRIS, ILLINOIS**

Date \_\_\_\_\_

The undersigned hereby makes application for a local permit under the Ordinances of the City of Morris and makes the following statements of facts and representations in support of such application. This application is made on behalf of \_\_\_\_\_ and the place of business to be located at:

(Name of Business)

Morris, IL 60450 \_\_\_\_\_

1. Applicants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Applicants Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Corporate FEIN# (If applicable) \_\_\_\_\_  
Retailer's Occupation Tax and/or Use Tax # (If applicable) \_\_\_\_\_  
State Tax ID # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
Any other applicable State or Federal License # \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Insurance Company (copy of policy attached) \_\_\_\_\_

2. Names and addresses of other partner(s) if applicable. \_\_\_\_\_

3. Are you an illegal or unauthorized alien?     Yes     No  
If you are a legal/authorized alien, can you submit documentation as to your immigration status?     Yes     No     N/A
4. The character of my business is \_\_\_\_\_
5. Length of time applicant has been engaged in this business is \_\_\_\_\_
6. The amount of goods, wares and merchandise of the business on hand at date of application is \$ \_\_\_\_\_
7. Applicant (has has not) made application for a similar permit on other premises. Is so, give disposition of other application \_\_\_\_\_
8. Have you been convicted of a felony within the last ten years?     Yes     No
9. I certify that I have reviewed the permit requirements and am not disqualified from receiving a permit for any reason.     Yes     No
10. Has a previous license/permit issued by the State of Illinois or by the Federal Government ever been revoked? If yes, give reason \_\_\_\_\_     Yes     No
11. Do you state you will not violate any of the laws of the State of Illinois, the United States and of the Ordinances of the City of Morris, Illinois, in the conduct of your business?     Yes     No
12. Is the business to be conducted by a manager or agent? If yes, please supply name and address \_\_\_\_\_     Yes     No

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13. Do you own the premises wherein the business will be operated  Yes  No  
under the permit applied for here?

If no, attach a copy of the lease and answer the following:

Name and address of landlord \_\_\_\_\_

Expiration date of lease \_\_\_\_\_

14. Subject to all criteria in Ordinance #3623 of the Morris Municipal Code.

Fee tendered herewith \$500.00      Signature of Applicant \_\_\_\_\_

Permit Effective Date \_\_\_\_\_

Permit Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date