

**CITY OF MURPHYSBORO**

**BUSINESS LICENSE APPLICATION**

APPLICATION NO. \_\_\_\_\_ ANNUAL LICENSE FEE DUE MAY 1ST: \$ \_\_\_\_\_

(PLEASE TYPE OR PRINT)

1. Applicant's Name: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_
2. Applicant's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
3. Length of resident at above address \_\_\_\_\_ years \_\_\_\_\_ months
4. Applicant's Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security No. \_\_\_\_\_
5. Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_
6. Citizenship of Applicant \_\_\_\_\_
7. Business Name \_\_\_\_\_ PHONE ( ) \_\_\_\_\_
8. Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
9. Length of Employment \_\_\_\_\_ years \_\_\_\_\_ months
10. All residences and addresses for the last three (3) years if different than above:  
\_\_\_\_\_  
\_\_\_\_\_
11. Name and Address of employers during the last three (3) years if different than above:  
\_\_\_\_\_  
\_\_\_\_\_
12. List the last three (3) municipalities where applicant has carried on business immediately preceding the date of application:  
\_\_\_\_\_
13. A description of the subject matter that will be used in the applicant's business:  
\_\_\_\_\_
14. Has the applicant ever had a license in this municipality?  Yes  No  
If so, when \_\_\_\_\_
15. Has a license issued to this applicant ever been revoked?  Yes  No  
If "yes", explain: \_\_\_\_\_
16. Has the applicant ever been convicted of a violation of any of the provisions of this Code, etc.?  
 Yes  No If "yes", explain: \_\_\_\_\_
17. Has the applicant ever been convicted of the commission of a felony?  Yes  No  
If "yes", explain: \_\_\_\_\_
18. LICENSE DATA: Term of License \_\_\_\_\_  
Fee for License \$ \_\_\_\_\_  
Sales Tax Number \_\_\_\_\_  
License Classification \_\_\_\_\_
19. LIST ALL OWNERS IF LICENSE IS FOR LOCAL BUSINESS (PERMANENT):  
\_\_\_\_\_  
\_\_\_\_\_

**CITY OF MURPHYSBORO**  
**OFFICIAL BUSINESS LICENSE**

STATE OF ILLINOIS                    )  
COUNTY OF JACKSON                ) ss.  
CITY OF MURPHYSBORO              )

ILLINOIS SALES TAX NUMBER \_\_\_\_\_

**TO ALL TO WHOM THESE PRESENTS SHALL BECOME GREETINGS:**

**WHEREAS** \_\_\_\_\_,  
having complied with all the requirements of the laws of the State of Illinois and the ordinances of the **City of Murphysboro, Illinois** in this behalf made and required license is, by authority of the **City of Murphysboro, Illinois** given and granted to the \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ in the **City of Murphysboro, County of Jackson, and State of Illinois**,  
from the \_\_\_\_\_ date hereof until the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, said \_\_\_\_\_  
\_\_\_\_\_ to be subject to all laws of the State of Illinois and all ordinances of the **City of Murphysboro, Illinois**, not in conflict therewith, which are now or hereafter may be in force touching the premises.

(L.S.)

Given under the hand of the Mayor of the **City of Murphysboro, County of Jackson, Illinois** and the seal thereof, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**MAYOR**  
**CITY OF MURPHYSBORO**

**COUNTERSIGNED:**

\_\_\_\_\_  
**CITY CLERK**  
**CITY OF MURPHYSBORO**

(SEAL)

# APPLICANT/FIELD CHECK

## INFORMATION CARD

Name	Location                      Date                      Time
Residence Address	D.L.#
Business Address	Vehicle    Color    Yr.    Body    License    Info
Occupation	Vehicle Modifications:
Social Security Number	
Race                  Sex                  Height	Action Leading to Check:
Weight              Eyes              Hair	
Complexion                  Date of Birth	
Unusual Features:	
	Comments:
Hat                          Coat	Associates:
Cap                          Jacket	
Blouse                      Dress	
Shirt                          Sweater	
Skirt                          Trousers	