

Village of Lisle
Business Office
925 Burlington Avenue
Lisle, Illinois 60532
(630) 271-4100
Mon-Fri 7 a.m. to 5 p.m.
Fax: (630) 271-4104



Office Use Only:
Bus. ID:

AUCTION LICENSE APPLICATION

Type of Ownership: Corporation LLC, LLP Sole Proprietor Other: _____

Name of Corporation, LLC, LLP, Sole Proprietor, etc.: _____

Office Address of Corporation, LLC, LLP, Sole Proprietor: _____

Office Address of Corporation, LLC, LLP, Sole Proprietor: _____

Office Phone: _____ IL Tax No.: _____ FEIN: _____

Identify all 10% or more owners and officers (attach separate sheet if necessary):

Name: _____

Home Address: _____

DL No.: _____ State: _____

Name: _____

Home Address: _____

DL No.: _____ State: _____

Lisle Location: _____

Dates and Hours: _____

Auctioneer's full Name: _____

Auctioneer's DL No.: _____ State: _____

Auctioneer's Cell Phone No.: _____

Auctioneer's Email: _____

Licenses applying for or renewing:

Auction License (\$35 per day not to exceed 20 days)

TOTAL DUE _____

The information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Owner, Officer, or Agent

Printed Name

Date

Received: _____

Date: _____

Zoning Approval: _____ N/A