

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:

**DEALER OF SECONDHAND ITEMS LICENSE APPLICATION**

Please check one:  New Business  New Owner of Existing Business  Renewal

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 Phone: \_\_\_\_\_ IL Tax No.: \_\_\_\_\_ FEIN: \_\_\_\_\_

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

Name: \_\_\_\_\_  
**Home Address:** \_\_\_\_\_

Name: \_\_\_\_\_  
**Home Address:** \_\_\_\_\_

DL No.: \_\_\_\_\_ State: \_\_\_\_\_

DL No.: \_\_\_\_\_ State: \_\_\_\_\_

Local Business Name (Assumed or d/b/a Name): \_\_\_\_\_

Lisle Address (No P.O. Box): \_\_\_\_\_

Mailing Address (If different than above): \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Local Manager: \_\_\_\_\_ Email Address: \_\_\_\_\_

Manager's DL No.: \_\_\_\_\_ Manager's home/cell phone: \_\_\_\_\_

Are there food, beverage, or tobacco vending machines, coin-op games or musical devices onsite?  Yes  No

Mail License Renewal Application to:  Local Business Address  Corporate, LLC, LLP, Sole Proprietor Address

**A detailed business plan must be attached to all first year applications.** Licenses applying for or renewing:

Secondhand/Antique Dealer  
First Year Application Fee \$100  
Annual Fee \$100

**TOTAL DUE \$** \_\_\_\_\_

The information provided in this application, including any applicable attachments, 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: \_\_\_\_\_

### WAIVER

**To be completed by all 10% owners and all officers.  
Make additional copies as necessary.**

In connection with my application for the permit or license referred to below, I authorize the Village of Lisle to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:

**(Please complete all questions):**

<b>Full Name:</b>	
<b>Home Address:</b>	
<b>Phone Number:</b>	(    )
<b>Date of Birth:</b>	
<b>Social Security Number:</b>	
<b>Driver's License Number:</b>	STATE:
<b>Type of Permit:</b>	Secondhand / Antique Dealer
<b>New or Renewal Permit:</b>	

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Subscribed and Sworn to before**  
me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**