



CITY OF CARBONDALE
CONSUMER INSTALLMENT LOAN
BUSINESS LICENSE

Type of Ownership:

Partnership Corporation (State of Incorporation:) Limited Liability Company Sole Proprietorship

Please check the box if this is your mailing address

Business Name: State of Illinois CILA License #

Local Business Address:

Local Phone: Local Fax: Email:

Contact/Manager Name: Total Number of Employees:

Please check the box if this is your mailing address

Corporate Address:

Contact Person:

Phone: Fax: Email:

Name of Appointed Attorney-In-Fact for Service of Process:

Physical and Mailing Address of Attorney-In-Fact:

Affidavit

State of)

County) SS

The undersigned swear or affirm that the corporation, sole proprietorship, partnership, or limited liability company in whose name this application is being made will not violate any of the Ordinances of City of Carbondale or the laws of the State of Illinois or of the United States of America in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief.

Subscribed and sworn to before me this day

President/Owner/Partner/Member

of , 20

Notary Public

Secretary/Partner/Member

For Office Use Only

Date Received: Date Issued: City License Number:

Certificate of Good Standing: License Fee (\$500.00): Copy of State License: