



APPLICATION FOR YOUTH DANCE LICENSE

Moline Code of Ordinance 18-1100

Annual Fee \$ 500.00

(No fee for nonprofit)

BUSINESS NAME: _____

ADDRESS: _____

MANAGER/AGENT FOR BUSINESS:

NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PHONE (Home): _____ (Work) _____

DATE OF BIRTH: _____ RACE _____ SEX _____

PLACE OF BIRTH _____

EMPLOYMENT LAST TEN YEARS

Criminal arrest record, if any (not including traffic) Yes _____ No _____
(If YES list each arrest, date of arrest, and place of arrest (attach another sheet if necessary))

CHARGE _____	CHARGE _____
DATE _____	DATE _____
PLACE _____	PLACE _____
CONVICTED: Yes _____ No _____	CONVICTED: Yes _____ No _____

BUSINESS ACTIVITY _____

Is the above named business a corporation? Yes _____ No _____

If Yes, what was the date of incorporation? _____

State of incorporation _____

Please provide the following information with regard to officers of the corporation (Attach separate Sheet if necessary):

NAME: _____

NAME _____

TITLE _____

TITLE _____

DATE OF BIRTH _____

DATE OF BIRTH _____

SS# _____

SS# _____

ADDRESS _____

ADDRESS _____

Do you have a lease: Yes _____ No _____

NAME AND ADDRESS OF LANDLORD: _____

LIST EXACTLY HOW YOU WANT THE NAME OF THE LICENSE TO APPEAR:

I certify that the above statements are true, and any untruths or omissions could be grounds for my license to be revoked. I have read and understand the ordinance concerning this license and realize that I am subject to any standards issued by the City and agree to abide by them and any amendments, etc. I further understand and agree to the following:

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1. Evidence of liability insurance will be furnished before a license is issued and throughout the duration of the license period.
2. A credit check will be made of me and by the business and/or corporation through a Credit Bureau.
3. A criminal background investigation will be conducted on me, the applicant and the officers of the business and/or corporation.
4. Any police officer or other official of the City of Moline is permitted free and unrestricted access to the premises for which a license is herein applied, for the purpose of inspecting same.
5. The license is non-transferable.
6. To observe the laws of the United States, the State of Illinois, and the ordinance of the City of Moline in the conduct of this business.

DATE: _____ SIGNED _____

TITLE _____

WITNESS _____ DATE _____

APPROVED _____ DATE _____

City Clerk

LICENSE NO. _____

RECEIPT NO. _____

AMOUNT _____

Please send signed form, along with remittance to:

City of Moline
Finance Department
1616 6th Avenue
Moline, IL 61265
309-524-2070

