CITY OF EFFINGHAM

2017 AMUSEMENT LICENSE APPLICATION

1. Name of Applicant (true legal business name) _____
2. Trade Name of Business _____
3. Mailing Address _____
   Street City State Zip
4. Address of Business where tickets will be offered for sale (If different from above)
   _____
   Street City State Zip
5. Give date you began (or will begin) ticket sales at the above premises. _____
6. Last year's city amusement License number _____
7. Illinois retailer occupation tax number _____
8. Federal employer identification number _____
9. Business Ownership: (Please check which one applies and answer any questions)
   - □ Sole Owner
   - □ Partnership / Date of formation _____
   - □ Corporation / Date & state of incorporation _____
     / Objects for which organized _____
   - □ Club / Objects for which organized _____

APPLICATION FEE: Fee is established per Ordinance 109-2016, Section 3, paragraph C & D.

NOTICE: The undersigned acknowledges that by accepting the Amusement License issued by the City of Effingham, you consent to the City of Effingham auditing at all reasonable times your business records for purposes of determining compliance with the City of Effingham's Amusement Tax Ordinance or your refusal to provide all relevant business records necessary to conduct an audit for purposes of determining Amusement License issued pursuant to the City of Effingham Amusement Tax Ordinance.

By singing this application, the signer recognizes and agrees that he/she is and shall be personally responsible for and liable of the collection and remittance of any and all Amusement Tax required by the City of Effingham Amusement Tax Ordinance.

_____
Business Name

_____ Date _____
Owner/Manager Signature