

**CITY OF MONMOUTH  
100 EAST BROADWAY  
MONMOUTH, ILLINOIS 61462  
(309) 734-2141**

**AMMUNITION  
LICENSE APPLICATION**

**APPLICANT NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**BUSINESS PHONE NUMBER:** \_\_\_\_\_

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Applications for a license shall be filed with the City Clerk's office and shall include the following:

- (A) Application;
  - (B) Permanent business address (which must include a street address);
  - (C) Residence address of the principal (and, if the applicant is a corporation, the residence addresses of its officers);
  - (D) The location at which the applicant intends to do business;
  - (E) The nature of the business the applicant intends to conduct;
  - (F) A copy of the applicant's certificate of registration under the Retailers' Occupation Tax;
  - (G) The license fee shall be in the sum of \$25 per annum.
  - (H) Provide Federal Gun Dealers License.
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Duration of License – for fiscal year beginning May 1, 20\_\_\_\_ and ending April 30, 20\_\_\_\_\_.

**Total Amount Paid:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

revised 10/8/08

**RETURN TO CITY HALL WITH LICENSE FEE AND OTHER REQUIRED DOCUMENTS**