



**CITY OF CARBONDALE  
CONSUMER INSTALLMENT LOAN BUSINESS LICENSE**

State of Illinois CILA License # \_\_\_\_\_

Type of Ownership: Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ (if Corp., State of Incorporation \_\_\_\_\_ )  
Limited Liability Company \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Business Name: \_\_\_\_\_

Local Business Address: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact/Manager Name: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

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  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
President/Owner/Partner/Member

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

\_\_\_\_\_  
Secretary/Partner/Member

**For Office Use Only**

Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_ City License Number: \_\_\_\_\_

Certificate of Good Standing : \_\_\_\_\_ License Fee (\$150.00): \_\_\_\_\_ Copy of State License: \_\_\_\_\_