

*Office Use Only*

Approved \_\_\_\_\_ Denied \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**VILLAGE OF MATTESON**  
**4900 Village Commons**  
**Matteson, IL 60443**  
**(708) 283-4900**

**SECONDHAND AND PRECIOUS METAL DEALERS  
ESTABLISHMENT LICENSE APPLICATION**

*(A non-refundable \$125.00 License Fee must accompany Application)*

Application is hereby made for issuance of a Secondhand and Precious Metal Dealers Establishment License pursuant to Chapter 115 of the codified ordinances of the Village of Matteson, Cook County, Illinois. The application shall be completed in full and signed by the applicant, if an individual, or by a duly authorized agent thereof, if not an individual, verified by oath or affidavit, that the applicant hereby certifies to the following facts:

**GENERAL BUSINESS INFORMATION**

License Year Applied For: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Applicant Type (Check One):

Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ LLC: \_\_\_\_\_

The date of formation of the partnership, if a partnership, the date of formation of incorporation, if an Illinois corporation, or limited liability company, or the date of becoming qualified under the Illinois Business Corporation Act, 805 ILCS 5/1.01 et seq., to transact business in Illinois, if a foreign corporation.

Name under which Business will be conducted: \_\_\_\_\_

Description of Services to be Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Secondhand and Precious Metal Dealers License Application –Page 2**

Address of Proposed Business and Description of Premises: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the Business Premises are Leased, Attach a Copy of the Lease. (Note: The term of such lease must not end until after the expiration date of the license for which application is being made.)

Name and Address of the Owner(s) of the Premises: \_\_\_\_\_

\_\_\_\_\_

If the Premises are Held in Trust, List the Names and Addresses of All of the Owners of the Beneficial Interest of the Trust:

\_\_\_\_\_

\_\_\_\_\_

All Telephone Numbers and E-Mail and Internet Addresses of the Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application continues on next page.**

**APPLICANT'S INFORMATION**  
(Use additional sheets if necessary)

If applicable, the following information must be affixed to this Application on additional sheets:

If the Applicant is a partnership, corporation or limited liability company, this application must include the information listed below for all partners and any other persons entitled to share in the profits of the partnership, or of all officers, directors, and all persons owning directly or beneficially more than ten percent (10%) of the stock of such corporation and the persons acting as managers or assistant managers, or other persons principally in charge of the operation of the business.

Full Name: \_\_\_\_\_ Ownership Interest: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Submit proof that applicant is at least 18 years of age.)

Driver's License/State ID Number: \_\_\_\_\_ Corporation Date: \_\_\_\_\_

Business, occupation, and employment history of Each Applicant Listed for the three (3) years immediately preceding the date of this application:

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Has one or all of the Applicants ever applied for a license under this Chapter 115, or for a Secondhand and Precious Metal Dealers license or similar license in any state, county, city, village or other unit of local government? \_\_\_\_\_

If yes, state the place and date of application: \_\_\_\_\_ Date: \_\_\_\_\_

Was the application granted or denied? \_\_\_\_\_

If the application was denied, explain the reason denied: \_\_\_\_\_

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If the application was approved, was the license ever suspended or revoked at a later date? \_\_\_\_\_

If so, when did the suspension or revocation become effective? \_\_\_\_\_

**Village of Matteson**

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State the basis for the suspension or revocation: \_\_\_\_\_

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Has one or all of the Applicants ever been convicted of a violation of any of the provisions of this Chapter or any ordinance of any other Illinois municipality, which regulates Secondhand and Precious Metal Dealers businesses or the provision of Secondhand and Precious Metal Dealers, or any Illinois statute regulating such establishments? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Attach a photocopy of documentation proving that everyone listed above currently carries professional liability insurance in an amount not less than one million dollars (\$1,000,000.00) per occurrence.

**Application continues to next page.**

**EMPLOYEE INFORMATION**

**Village of Matteson**

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Employer must provide the following information for all employees employed by the business, and all managers, assistant managers and other persons principally in charge of the operation of the business.

a) \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Driver's License and/or SSN \_\_\_\_\_ DL State \_\_\_\_\_ Position \_\_\_\_\_

b) \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Driver's License and/or SSN \_\_\_\_\_ DL State \_\_\_\_\_ Position \_\_\_\_\_

c) \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Driver's License and/or SSN \_\_\_\_\_ DL State \_\_\_\_\_ Position \_\_\_\_\_

d) \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Driver's License and/or SSN \_\_\_\_\_ DL State \_\_\_\_\_ Position \_\_\_\_\_

e) \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Driver's License and/or SSN \_\_\_\_\_ DL State \_\_\_\_\_ Position \_\_\_\_\_

**APPLICANT AUTHORIZATION**

**Village of Matteson**

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By the signature below, the Applicant hereby authorizes the Village, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for a license. The Applicant acknowledges his/her understanding that the Village of Matteson Police Department will conduct an investigation of the applicants' business responsibility and/or moral character pursuant to Chapter 115 of the Village's Code.

The Applicant further acknowledges his/her obligation to submit such other information, documentation, and identification material as the Village President and/or the Chief of Police shall deem necessary to determine the Applicant's identity or to process the application.

The Applicant agrees to notify the Village President of each change in any data, which is required to be furnished by this application within ten (10) days after such change occurs.

Under penalties of perjury, the Applicant hereby certifies that there are no willful misrepresentations in, or falsifications of, the above statements, answers and attachments. The Applicant acknowledges that should an investigation disclose such willful misrepresentations or falsifications, this application will be rejected. The Applicant further certifies that he/she has been furnished and has read and understands Chapter 115 of the Matteson Municipal Code, and that the proposed Secondhand and Precious Metal Dealers establishment meets the requirements of that Chapter.

Signature:

\_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Subscribed and Sworn before**

**me this** \_\_\_\_\_

**day of** \_\_\_\_\_, \_\_\_\_\_.

(Notary Public Seal)

**(Copy for each applicant's signature)**