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*The City of*  
**STERLING**

**ILLINOIS**

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Office of City Clerk      212 Third Avenue      (815) 632-6630  
Sterling, IL 61081      Fax 622-2231

**LICENSE APPLICATION  
SECOND HAND STORE**

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

ADDRESS: \_\_\_\_\_

LENGTH OF TIME IN BUSINESS: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: If less than one year in the City:

\_\_\_\_\_

Fee: \$75.00

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

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

License expires April 30th, following the date of issuance.

Fee paid:

Expiration date of Bond: