

ADULT USE PERMIT APPLICATION FORM

Permit Issued (Office Use Only): _____

ALL FEES ARE NON-REFUNDABLE

CITY OF WEST PEORIA

2506 West Rohmann Avenue

West Peoria, Illinois, 61604

Phone: (309) 674-199 / Fax: (309) 674-6010

This application will not be accepted unless all required information is completed

BUSINESS SITE:

Address: _____

Tax Identification #: _____

00-00-000-000

Own

Lease

If Applicant leases the location, owner must authorize this application on the next page.

APPLICANT'S NAME

Full Name(s): _____ Birth date: _____

Phone Number: _____ Age: _____

OWNER'S NAME

Full Name(s): _____

Address: _____ Phone Number: _____

Other Phone: _____ Application Date: _____

ADULT USE DESCRIPTION:

Please give a description sufficient for identification of the subject matter of the adult use which the applicant will engage in (retail of adult devices, sexually-related entertainment, etc.):

PLEASE SUBMIT A FEE OF \$450.00 WITH THIS APPLICATION. ONE YEAR FROM THE DATE OF THIS APPLICATION YOU WILL BE REQUIRED TO RENEW THE PERMIT FOR A FEE OF \$300.00 IF YOU ARE STILL IN BUSINESS

All permits expire ONE YEAR from date/time permit is issued.

Note: Other permits may be required after first inspection.

You must call West Peoria Zoning Department for final inspection date.

I, undersign, hereby request the City Council of West Peoria grant a permit as provided by the Zoning Ordinance for the City of West Peoria, Illinois, as amended to date.

Owner: _____
Signature Date

Printed name: _____

Applicant: _____
Signature Date

Printed name: _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE:

Received by: _____ Date: _____

Fee Collected: _____ Cash: _____ Check: _____ Check #: _____

Final Inspection Date: _____

Inspector #1: _____ Title: _____
Signature Date Position

Inspector #2: _____ Title: _____
Signature Date Position

Zoning Department: _____
Signature Date

PERMIT APPROVED: Yes No

PERMIT NUMBER: _____