



CITY OF ZION

ATM LICENSE APPLICATION
 2828 Sheridan Road, Zion, IL 60099
 847-746-4012 - FAX 847-746-7167
www.cityofzion.com

APPLICANT INFORMATION:

Business/Organization Name:			
Business Mailing Address:			City:
State:	Zip Code:	Business Phone No:	Fax No.:
Manager or Responsible Party:			Emergency Contact No.:
E-Mail Address:			Tax ID No.:

The undersigned hereby petitions the City of Zion for a license to operate an **ATM** in the City of Zion, Illinois. The undersigned hereby agrees to abide by the ordinances of the City of Zion and to allow for inspection by the properly designated Officials at any reasonable hour.

The license fee is **\$85.00, per device**, for the license year beginning January 1st, and ending December 31st. **All** license fees are non-refundable. Checks should be payable to "**City of Zion**" and mailed to City of Zion, City Clerk, 2828 Sheridan Road, Zion, IL 60099

Late Charges:

Any person not purchasing a required ATM license or permit by the required due date, shall pay a late charge as follows:

- Within first 30 days of the due date, a late charge of 10% of the business license fee will be added to the amount due.
- Over 30 days of the due date, a late charge of 10% of the business license fee plus and additional \$5.00 per day for every day over 30 days will be added to the amount due.

LOCATION(S) OF ATM(S)

1) _____ _____ _____	2) _____ _____ _____	3) _____ _____ _____
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TOTAL AMOUNT DUE \$ _____ (No. of machines x \$85.00)

Owner or Manager's Signature

Date

(For Office Use Only)

Date:	_____
Receipt No.:	_____
Original license amount:	_____
Penalty:	_____
TOTAL PAID:	_____

License #1	_____
License #2	_____
License #3	_____