

**APPENDIX "A"**

**CITY OF SULLIVAN, ILLINOIS**

**APPLICATION FOR A RESIDENTIAL BUILDING PERMIT**

I, the undersigned, hereby make application to  erect  enlarge  repair \_\_\_\_\_  
(type of construction – frame etc.)

To be used for \_\_\_\_\_, located at \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_ Proposed building will front on \_\_\_\_\_

Length \_\_\_\_\_ feet. Width \_\_\_\_\_ feet. Height \_\_\_\_\_ feet.

**A SITE PLAN MUST ACCOMPANY THIS APPLICATION**

Contractor \_\_\_\_\_

Plumber \_\_\_\_\_ License # \_\_\_\_\_

Electrician \_\_\_\_\_ License # \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Easements Required: I, the property owner, shall give easements and right-of-ways where service lines are laid on my private property. An easement shall be granted providing for the installation and maintenance of the proposed service lines, to be installed and maintained by the City and for the extension along or across such property for making other service connections from the same line, or to allow access for the purpose of construction, repair, maintenance, relocation or expansion of the electric, gas, water and sewer systems.**

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

- Min. distance to **PROPERTY** line at front \_\_\_\_\_ feet.
- Min. distance to **PROPERTY** line at side \_\_\_\_\_ feet (if corner lot).
- Min. distance to **PROPERTY** line on right side \_\_\_\_\_ feet (standing on street facing the lot).
- Min. distance to **PROPERTY** line on left side \_\_\_\_\_ feet (standing on street facing the lot).
- Min. distance to **PROPERTY** line at the rear \_\_\_\_\_ feet.

***APPLICABLE INSPECTIONS***

***\$30.00 EACH***

Structure  Plumbing Rough-In

General Permit Fee \$25.00  Foundation  Plumbing Final

Inspection Fees \$ \_\_\_\_\_  Footing  Electrical Rough-In

Total Amount Due \$ \_\_\_\_\_  Electrical Final

Zoning Department Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permit #** \_\_\_\_\_  Fee Collected

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Electric Distribution Foreman \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Gas Department Foreman \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Sewer Distribution Foreman \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Street Department Foreman \_\_\_\_\_ Date \_\_\_\_\_

**(Ord. No. 21-12; 09-27-21)**

**[Supplement No. 17; 08-01-11]**

**APPENDIX "B"**  
**CITY OF SULLIVAN, ILLINOIS**  
**BUILDING INSPECTION REPORT**

Date of Permit Application \_\_\_\_\_ Permit # \_\_\_\_\_

Property Owner \_\_\_\_\_ Location \_\_\_\_\_

Type of Construction \_\_\_\_\_ To be used for \_\_\_\_\_

General Contractor \_\_\_\_\_ License # \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License # \_\_\_\_\_

Electrician \_\_\_\_\_ License # \_\_\_\_\_

---

**Footing Inspection Date** \_\_\_\_\_ **Inspector Initials** \_\_\_\_\_ **Comments:**

---

**Foundation Inspection Date** \_\_\_\_\_ **Inspector Initials** \_\_\_\_\_ **Comments:**

---

**Structural Inspection Date** \_\_\_\_\_ **Inspector Initials** \_\_\_\_\_ **Comments:**

---

**Electrical Rough-In Inspection Date** \_\_\_\_\_ **Inspector Initials** \_\_\_\_\_ **Comments:**

---

**Plumbing Rough-In Inspection Date** \_\_\_\_\_ **Inspector Initials** \_\_\_\_\_ **Comments:**

---

**Electrical Final Inspection Date** \_\_\_\_\_ **Inspector Initials** \_\_\_\_\_ **Comments:**

---

**Plumbing Final Inspection Date** \_\_\_\_\_ **Inspector Initials** \_\_\_\_\_ **Comments:**

---

**Inspector Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The above inspection is required by the Code adopted by the City of Sullivan in Chapter 6, Article I, Section 6-1-3(A) (for Residential Real Estate) or Section 6-1-4(A) (for Commercial and Industrial Real Estate).

**APPENDIX "C"**

**PERMIT**

**FOOTING INSPECTION**

No. \_\_\_\_\_

Project \_\_\_\_\_

Location \_\_\_\_\_

Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Final Inspection \_\_\_\_\_

Fee \$30.00 Paid \_\_\_\_\_ Date \_\_\_\_\_

Inspector \_\_\_\_\_

The above inspection is required by the adoption of the Code for the City of Sullivan in Chapter 6, Article I, Section 6-1-3(A) (for Residential Real Estate) or Section 6-1-4(A) (for Commercial and Industrial Real Estate).

Attach a copy of Section 6-1-3(C) or 6-1-4(C) from City Code on permit procedure.

**APPENDIX "D"**

**PERMIT**

**PLUMBING INSPECTION**

No. \_\_\_\_\_

Project \_\_\_\_\_

Location \_\_\_\_\_

Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Final Inspection \_\_\_\_\_

Fee \$30.00 Paid \_\_\_\_\_ Date \_\_\_\_\_

Inspector \_\_\_\_\_

Approved \_\_\_\_\_

Water and Sewer Foreman

Inspection follows the design and installation of plumbing systems as required by the Illinois Plumbing Code. Code adopted by the City of Sullivan in Chapter 6, Article II, Section 6-2-3.

Attach a copy of Section 6-2-3 from City Code on permit procedure.

**(Ord. No. 21-12; 09-27-21)**

**[Supplement No. 17; 08-01-11]**

**APPENDIX "E"**

**PERMIT**

**ELECTRICAL INSPECTION**

**No.** \_\_\_\_\_

Project \_\_\_\_\_

Location \_\_\_\_\_

Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Final Inspection \_\_\_\_\_

Fee \$30.00 Paid \_\_\_\_\_ Date \_\_\_\_\_

Inspector \_\_\_\_\_

Electric Foreman \_\_\_\_\_

Inspection follows rules and regulations of the National Electric Code that specifies permits and penalties. Code adopted by the City of Sullivan in Chapter 6, Article III, Section 6-3-1.

Attached: Copy of Section 6-3-3 from City Code on permit procedure.

APPLICANT MUST COMPLY WITH SECTION 11-2-5 – EASEMENT REQUIRED.

NOTE: INSPECTOR WILL NOTIFY ELECTRIC FOREMAN WHEN INSPECTION COMPLETED AND PERMIT ISSUED.

**(Ord. No. 21-12; 09-27-21)**

**[Supplement No. 17; 08-01-11]**

**APPENDIX "F"**

**PEDDLER'S AND SOLICITOR'S LICENSE APPLICATION**

Pursuant to **Sections 7-2-2** and **7-3-3** of this Chapter:

Name of Applicant \_\_\_\_\_

ADDRESS: (legal & local) \_\_\_\_\_

Phone No. \_\_\_\_\_ Description of Applicant \_\_\_\_\_

Illinois Retail Occupation Tax Registration Number \_\_\_\_\_

Description of nature of business & goods to be sold: \_\_\_\_\_

\_\_\_\_\_

Employer of Applicant: \_\_\_\_\_

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

Relationship to Employer: \_\_\_\_\_

Length of time license is desired: \_\_\_\_\_

If vehicle is used, description & license no.: \_\_\_\_\_

\_\_\_\_\_

Applicant to furnish a photograph (2" x 2" head & shoulder shot taken within 60 days prior to this application). Such photograph shall be attached to this form. Also a record of the applicant's fingerprints shall be attached to this form.

Applicant to name two reliable property owners of the State of Illinois who will certify as to the applicant's character & responsibility.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Has the applicant been convicted of any crime, misdemeanor or violation of any municipal ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain the nature of the offense and the punishment or penalty therefor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, the applicant must furnish a statement from a reputable physician of the City of Sullivan, dated not more than 10 days prior to this application showing that applicant is free from any infection, communicable or contagious disease. Such certification shall be attached to this form.

The undersigned applicant does hereby swear and affirm that the above information is true and correct.

Date of Application \_\_\_\_\_

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

Date referred to Police Chief for investigation of the information contained herein \_\_\_\_\_  
\_\_\_\_\_

Application: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Date \_\_\_\_\_ Chief of Police \_\_\_\_\_

Investigation fee paid \_\_\_\_\_ Date \_\_\_\_\_

Date approved application referred to City Clerk \_\_\_\_\_

License No. \_\_\_\_\_ Issued \_\_\_\_\_

Fee \_\_\_\_\_ Paid \_\_\_\_\_

Date \_\_\_\_\_

City Clerk \_\_\_\_\_

APPENDIX "G"

RAFFLE LICENSE APPLICATION

LICENSE NO. \_\_\_\_\_

DATE \_\_\_\_\_

Organization to be licensed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This organization is a (non-profit,  
Charitable, educational, religious  
Fraternal, veterans, labor) organization

Raffle chances will be sold in the following areas in the City of Sullivan: \_\_\_\_\_

Raffle chances will be sold during the following time period: (Max.=180 days) \_\_\_\_\_

No person involved in the management of this raffle or sale of chances is a convicted felon, professional gambler or gambling promoter, or not of good moral character.

The entire net proceeds will be exclusively devoted to the lawful purposes of this organization. Only persons who are bona fide members of this organization will participate in the management or operation of this raffle.

No person will receive any remuneration or profit from this raffle.

No person under the age of 18 will be allowed to participate in conducting this raffle.

The organization will keep records of its gross receipts and net proceeds. Records of each item purchased with raffle proceeds shall be kept and records of the distribution of net proceeds as to payee, purpose, amount and date of payment shall be kept. All required records will be available for inspection for 3 years following the conclusion of the raffle and will be kept at: \_\_\_\_\_

Separate records will be kept for each separate raffle and raffle records will be kept separate from bingo records, if bingo games are to be operated by this organization.

The organization will report to its members and to the City of Sullivan its gross receipts, expenses, net proceeds and distribution of net proceeds within 30 days following the determination of winning chances.

The aggregate retail value of all prizes will not exceed \$30,000 and the maximum price for each chance will not exceed \$150.00.

This organization has been in continuous existence for a period of time of not less than five (5) years.

Submitted with this application is a fidelity bond in favor of this organization in the sum of \$5,000.00.

We are requesting a waiver of the fidelity bond requirement because our members have taken a unanimous vote requesting the waiver.

I DO SWEAR AND AFFIRM THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(President or Secretary)

DISPOSITION:

License Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Dated \_\_\_\_\_

Raffle Managers Bond: Waived \_\_\_\_\_ Not Waived \_\_\_\_\_ Paid \_\_\_\_\_

Filing Fee: Waived \_\_\_\_\_ Not Waived \_\_\_\_\_ Paid \_\_\_\_\_

CITY CLERK, SULLIVAN, ILLINOIS

BY: \_\_\_\_\_



**APPENDIX "H"**

**CITY OF SULLIVAN, ILLINOIS**

**APPLICATION FOR WIRING PERMIT**

Property Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Electrician \_\_\_\_\_ License # \_\_\_\_\_

- New Installation
- Upgrade
- 100 amp
- 200 amp

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Material and installation costs will be reviewed periodically. The Electric Department reserves the right to adjust its charges at any time.

Flat fee for Meter Socket and Disconnect	\$150.00
Inspection Fee	<u>30.00</u>
Total Fee Due	\$180.00

---

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_  Fee Collected

**APPENDIX "I"**

**CITY OF SULLIVAN**

**APPLICATION FOR WIRING PERMIT  
UNDERGROUND ELECTRIC SERVICE**

The City of Sullivan Electric Department will, at customer request, provide materials and installation for underground residential service to existing or new homes. The installation includes, but is not limited to, the mounting of the meter socket and the installation of secondary cable to the transformer or secondary pedestal. The location of the meter socket will be decided on by the parties involved. Installation of an outdoor disconnect is required. The Electric Department will not be responsible for the connections on the customer side of the meter socket.

The Electric Department will maintain and repair, at no charge, any problems which may occur with the service cable for a period of **fifteen (15) years** from date of installation. After this time the property owner will assume full financial responsibility for the repair.

The customer must give the Electric Department **thirty (30) days'** notice prior to when final electrical service is needed.

---

Material and installation costs will be reviewed periodically. The Electric Department reserves the right to adjust its charges at any time. The current cost of wire is \$3.00 per foot.

A fee for the meter socket and disconnect, and an inspection fee are due now. An invoice will be mailed at the completion of underground electric service installation for the footage of wiring. I understand that failure to pay the invoice for electric wire installation within 30 days of receipt of will result in the disconnection of utilities, and a lien may be filed against said real estate.

Flat fee for Meter Socket and Disconnect	\$150.00
Inspection Fee	<u>30.00</u>
Total Due at time of Wiring Permit	\$180.00

---

**Easements Required: I, the property owner, shall give easements and right-of-ways where service lines are laid on my private property. An easement shall be granted providing for the installation and maintenance of the proposed service lines, to be installed and maintained by the City and for the extension along or across such property for making other service connections from the same line, or to allow access for the purpose of construction, repair, maintenance, relocation or expansion of the electric, gas, water and sewer systems.**

\_\_\_\_\_  
Property Owner Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Service Address

---

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_  Fee Collected

Invoice Mailed: \_\_\_\_\_ Feet of wire @ \$3.00 per foot = \$ \_\_\_\_\_

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX "J"**

**APPLICATION FOR LICENSE**

**GARBAGE DISPOSAL SERVICE**

As set forth in **Chapter 6, Article I, Section 6** of the City of Sullivan Municipal Code, as adopted by the City Council of the City of Sullivan at regular meeting on **September 12, 1977**;

1. Name of Applicant/Owner \_\_\_\_\_  
Address of Applicant/Owner \_\_\_\_\_  
Telephone No. \_\_\_\_\_
2. Applicant doing business under the name of \_\_\_\_\_  
\_\_\_\_\_  
Business Address of Applicant \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_
3. Name of Manager of Business \_\_\_\_\_  
Address of Manager \_\_\_\_\_  
Telephone No. \_\_\_\_\_
4. Location of Landfill which Applicant will use \_\_\_\_\_  
\_\_\_\_\_
5. Does the Landfill have E.P.A. approval? \_\_\_\_\_
6. Business Name of Landfill \_\_\_\_\_
7. Owner of Landfill \_\_\_\_\_  
Telephone No. of Owner \_\_\_\_\_
8. Manager of Landfill \_\_\_\_\_  
Telephone No. of Manager \_\_\_\_\_  
Telephone No. of Landfill \_\_\_\_\_

9. State the type of Garbage Truck and Equipment to be used in the hauling and disposing of garbage by the owner/applicant: \_\_\_\_\_  
\_\_\_\_\_
10. Please state three references who are qualified to attest to your qualifications to operate a garbage disposal service in the manner required herein and to meet all E.P.A. standards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. The owner/applicant further acknowledges that by signing this application he will abide by all regulations stated in Section 6 of the Municipal Code of the City of Sullivan. He further acknowledges that if such application is approved by the Commissioner of Public Health and Safety, said owner/applicant will furnish to the City Council of the City of Sullivan a surety bond in the amount of **\$500.00** to guarantee his faithful performance. If said application and surety bond is accepted and approved by the Council, a license to operate a Garbage Disposal Service will be granted.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Owner/Applicant

Approved by:

\_\_\_\_\_  
Commissioner of Public Health and Safety

Date: \_\_\_\_\_, 20\_\_

**APPENDIX "K"**

**CITY OF SULLIVAN**

**GAS SERVICE AGREEMENT**

THIS AGREEMENT made by and between the City of Sullivan, a municipal corporation, hereinafter referred to as "City", and \_\_\_\_\_, hereinafter referred to as "Customer", WITNESSETH:

1. City shall supply, and Customer shall accept and pay for, all gas required for the operation of the customer's equipment installed or to be installed within a year of this signed agreement, in the customer's \_\_\_\_\_ located at the address of \_\_\_\_\_ at the price and charges therefore, pursuant to City's gas price schedule, and upon the terms and conditions set forth under Code 17-3-1, adopted by the City or as amended and modified from time to time.
2. The point of delivery at which gas shall be supplied, measured and accepted hereunder shall be outlet of City's meter located at the stake.
3. City shall endeavor to supply to Customer at said "point of delivery" gas at not less than **thirty (30) pounds** gauge pressure at the regulator side of meter.
4. The City shall use reasonable diligence in furnishing a regular and uninterrupted service; but in case such service should be interrupted and fail by any act of God or public enemy, fire, explosion, flood, strike, other cessation of work by personnel, picketing, insurrection, mob violence, governmental interference, breakdown or injury to machinery or distributing lines, extraordinary repairs or other accident or causes not reasonably within its control. City shall not be liable in damages to or, loss of property, or injuries (including death) to persons, caused directly or indirectly by any such interruption of service and such interruption shall not constitute a breach of this agreement on the part of the City.
5. City shall render bills monthly for service furnished pursuant to the terms of this contract, and Customer shall pay such bills in accordance with the terms of City's gas price schedule herein referred to. In the event that any such bill is not so paid, City may temporarily suspend the supply of gas or cancel this contract. Suspending the supply of gas or the canceling of this contract shall not release Customer from the obligations to pay for any services furnished and the minimum charges under said price schedule for the period herein established, nor from liability for damages because of any breach hereof. It is further understood and agreed that all bills shall be paid within **twenty (20) days** after the rendition thereof, after which a penalty of **five percent (5%)** shall be added and collected as a part of the bill. In the event bills are not paid within **twenty-five (25) days** after the rendition of same, the City may discontinue without notice the furnishing of gas.
6. City shall not be liable for any loss or damage to property or injury to or death of persons whether suffered by Customer, its agents or employees, or by any third person, persons or corporation, resulting from the location, use or operation of gas or other equipment located on Customer's side of the point of delivery or gas service hereunder or from gas present therein or escaping therefrom and Customer shall indemnify and save City harmless from all such loss, damages, injury or death. City shall not be liable under any circumstances for loss by fire on Customer's premises.
7. The acceptance hereof by City shall constitute a valid and binding agreement between City and Customer for a period of **one (1) year** from and after the signed date below, and thereafter from year to year until terminated by the giving of **thirty (30) days'** notice prior to the termination of the primary term, or any yearly period subsequent thereto, by either party to the other.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX "L"**

**APPLICATION**  
**FOR PERMISSION TO USE**  
**FIRM NATURAL GAS SPACE HEATING SERVICE**

No. \_\_\_\_\_

\_\_\_\_\_  
*(Customer's Name Typewritten or Printed in Ink)*

The undersigned requests of the City of Sullivan Gas Department permission to use firm natural gas or residential single occupancy space heating at

\_\_\_\_\_  
*Location*

\_\_\_\_\_  
*Town*

No agent has power to bind the Gas Department by making any promise or representation not contained in this application and acceptance by the Gas Department can be made only by the Gas Department's Foreman affixing his written signature thereto.

Acceptance of this application by the Gas Department is made on the condition that Permit to use gas will be issued only when Gas Department has a supply of firm gas available for residential space heating after prior applicants have been served.

Application Accepted \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*Applicant*

**City of Sullivan Gas Department**

Address \_\_\_\_\_

By \_\_\_\_\_  
*Foreman*

Permit Issued \_\_\_\_\_, \_\_\_\_\_

Service Connected \_\_\_\_\_, \_\_\_\_\_

**(Ord. No. 21-12; 09-27-21)**

**[Supplement No. 17; 08-01-11]**

**APPENDIX "M"**

**CITY OF SULLIVAN, ILLINOIS**

**APPLICATION FOR GAS LINE INSTALLATION OR RELOCATION**

I, the undersigned, hereby make application for the City of Sullivan Gas Department, Moultrie County, Illinois, to install or relocate gas lines on my property, listed below. I understand that if future improvements are made which impede the gas line currently being installed, that I will also be responsible for the cost of relocating the gas line.

Material and installation costs will be reviewed periodically. The Gas Department reserves the right to adjust its charges at any time. The current cost of ¾" pipe is \$6.26 per foot. The current cost of 1" pipe is \$6.75 per foot. If a 2" pipe is requested or needed, there will be an additional charge for gas meter and hardware.

A flat fee for material costs and an inspection fee are due now. An additional \$200.00 fee will be assessed for customers living outside of the Sullivan City limits. An Invoice will be mailed at the time of completion of gas line installation or relocation for the footage of piping. I understand that failure to pay the invoice for gas line installation or relocation within 30 days of receipt will result in the disconnection of utilities, and a lien may be filed against said real estate.

Flat fee for material costs (3/4" or 1")	\$200.00
Inspection Fee	<u>30.00</u>
<b>Total due at time of Application (City resident)</b>	<b>\$230.00</b>
Non-Resident Fee	<u>\$200.00</u>
<b>Total due at time of Application (Non-City resident)</b>	<b>\$430.00</b>

**Easements Required: I, the property owner, shall give easements and right-of-ways where service lines are laid on my private property. An easement shall be granted providing for the installation and maintenance of the proposed service lines, to be installed and maintained by the City and for the extension along or across such property for making other service connections from the same line, or to allow access for the purpose of construction, repair, maintenance, relocation or expansion of the electric, gas, water and sewer systems.**

\_\_\_\_\_  
Property Owner Signature Date

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Utility Clerk Signature Date  Fee Collected

Invoice Mailed: \_\_\_\_\_ Feet of \_\_\_\_\_ pipe @ \$ \_\_\_\_\_ per foot = \$ \_\_\_\_\_

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX "N"**

APPLICATION  
FOR  
LIQUOR LICENSE  
REQUIRED BY

TO BE FILED WITH  
THE  
CITY CLERK

License No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Expires \_\_\_\_\_  
 Checked By \_\_\_\_\_  
 Approved By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Order to Receive No. \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Cash  Bank Draft  
 Cashier's Check  Money Order  
 Certified Check  \_\_\_\_\_

**IMPORTANT -- READ CAREFULLY -- PERSONAL CHECKS NOT ACCEPTED UNLESS CERTIFIED**

This application properly completed and signed must be filed with the City Clerk and must be accompanied by a remittance in the proper amount, made payable to the City Treasurer. This remittance must be in the form of a Certified or Cashier's Check, United States Postal Money Order, Express Money Order, or Licensed Currency Exchange Money Order, Bank Draft, Bank Money Order, or Personal Money Order. Cash accepted.

The undersigned individual or partnership hereby makes application for a LIQUOR LICENSE and submits the following information:

1. Applicant: \_\_\_\_\_  
 (GIVE NAME OF INDIVIDUAL OR NAMES OF PARTNERS---TYPE OR PRINT PLAINLY)
2. Trade, Partnership or Assumed Name \_\_\_\_\_
3. Location of above place of business (NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE MUST BE GIVEN) \_\_\_\_\_  
 \_\_\_\_\_  
 CITY/TOWN/OR VILLAGE ZIP CODE RURAL ROUTE AND POST OFFICE
4. Has your Assumed Name been filed with the County Clerk? \_\_\_\_\_
5. Are alcoholic liquors stored but not sold at any location other than the one given above? \_\_\_\_\_  
 If "yes", give location: \_\_\_\_\_
6. Check principal kind of business:  Restaurant  Grocery  Hotel  Other  
 Tavern  Amusement Place  Country Club  
 Package Store  Department Store  Social Club
7. Give number of your Current Liquor License for this location \_\_\_\_\_  
 A. In whose name or names is your license issued? \_\_\_\_\_  
 B. Date license issued \_\_\_\_\_ Date license expires \_\_\_\_\_  
Month Day Year Month Day Year
8. Give name and address of owner of premises: \_\_\_\_\_  
 When does your lease expire? \_\_\_\_\_  
Month Day Year
9. Give the date you first made application for a Liquor License for any location in Illinois: \_\_\_\_\_  
(Month/Date/Year).  
 A. Disposition of application: \_\_\_\_\_  
 B. Give address \_\_\_\_\_  
 \_\_\_\_\_  
 NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE, CITY
10. Give date you began liquor business at this location \_\_\_\_\_  
Month Day Year
11. Give date partnership was formed under name given on Line 1: \_\_\_\_\_  
Month Day Year
12. Has a Liquor License been revoked at this location within the past year? \_\_\_\_\_
13. Is this business located within \_\_\_\_\_ feet of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children or any naval or military station? \_\_\_\_\_  
 A. If answer to the above is "yes", is your place of business a hotel offering restaurant service, a regularly organized club, a food shop, or other place where the sale of liquor is not the principal business carried on? \_\_\_\_\_  
 B. If answer to (A) is "yes", on what date was business started? \_\_\_\_\_ (Month/Day/Year)
14. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money, or anything else of value, except as specifically permitted in the Act, or any credit, (Other than merchandising credit in the ordinary course of business as specifically permitted in the Act), or is such a person directly or indirectly interested in the ownership, conduct or operation of the place of business? \_\_\_\_\_ If answer is "yes", give particulars \_\_\_\_\_
15. Name \_\_\_\_\_  
 A. Residence Address \_\_\_\_\_  
 (NUMBER AND STREET OR RURAL ROUTE)  
 \_\_\_\_\_  
 (NAME OF CITY, COUNTY AND STATE)  
 B. Place of Birth: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 C. Are you a citizen of the United States? \_\_\_\_\_  
 If a naturalized citizen, time and place of naturalization? \_\_\_\_\_
16. Name \_\_\_\_\_  
 A. Residence Address \_\_\_\_\_  
 (NUMBER AND STREET OR RURAL ROUTE)  
 \_\_\_\_\_  
 (NAME OF CITY, COUNTY AND STATE)  
 B. Place of Birth: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 C. Are you a citizen of the United States? \_\_\_\_\_  
 If a naturalized citizen, time and place of naturalization? \_\_\_\_\_



- D. Have you ever been convicted of a felony or otherwise disqualified to receive the license applied for by reason of any matter or thing contained in the Illinois Liquor Control Act or the Municipal Liquor Code?  YES  NO  
If "yes", name court of conviction \_\_\_\_\_
- E. Have you ever made application for a liquor license for any other premises? \_\_\_\_\_  
DATE: \_\_\_\_\_  
State disposition of application: \_\_\_\_\_  
Give address: \_\_\_\_\_
- F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec. 2 (14) Art. VI of the Illinois Liquor Control Act? \_\_\_\_\_  
If so, office held? \_\_\_\_\_
- G. Has any license previously issued to you by any State or local authorities been SUSPENDED? \_\_\_\_\_  
DATE: \_\_\_\_\_  
If so, state reasons therefor: \_\_\_\_\_  
WHERE: \_\_\_\_\_  
(CITY COUNTY STATE)
- H. Has any license previously issued to you by any State or local authorities been REVOKED? \_\_\_\_\_  
If so, state reasons therefor: \_\_\_\_\_  
WHERE: \_\_\_\_\_  
(CITY COUNTY STATE)
- I. Will you comply with the Local Liquor Code and the Regulations in connection therewith? \_\_\_\_\_

- D. Have you ever been convicted of a felony or otherwise disqualified to receive the license applied for by reason of any matter or thing contained in the Illinois Liquor Control Act or the Municipal Liquor Code?  YES  NO  
If "yes", name court of conviction \_\_\_\_\_
- E. Have you ever made application for a liquor license for any other premises? \_\_\_\_\_  
DATE: \_\_\_\_\_  
State disposition of application: \_\_\_\_\_  
Give address: \_\_\_\_\_
- F. Are you or is any other person, directly or indirectly interested in your place of business, a public official as defined in Sec. 2 (14) Art. VI of the Illinois Liquor Control Act? \_\_\_\_\_  
If so, office held? \_\_\_\_\_
- G. Has any license previously issued to you by any State or local authorities been SUSPENDED? \_\_\_\_\_  
DATE: \_\_\_\_\_  
If so, state reasons therefor: \_\_\_\_\_  
WHERE: \_\_\_\_\_  
(CITY COUNTY STATE)
- H. Has any license previously issued to you by any State or local authorities been REVOKED? \_\_\_\_\_  
If so, state reasons therefor: \_\_\_\_\_  
WHERE: \_\_\_\_\_  
(CITY COUNTY STATE)
- I. Will you comply with the Local Liquor Code and the Regulations in connection therewith? \_\_\_\_\_

17. Do you possess a current Federal Wagering or Gaming Device Stamp?  YES  NO  
Stamp No. \_\_\_\_\_ Amount \_\_\_\_\_
18. Will this business be conducted by a manager or agent?  YES  NO If answer is "YES", Manager or Agent must give the following information:
- A. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- B. Residence Address \_\_\_\_\_  
(STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY COUNTY STATE)
- C. Place of Birth \_\_\_\_\_ Are you a citizen of the United States?  YES  NO
- D. If a naturalized citizen, time and place of naturalization? \_\_\_\_\_
- E. Have you ever been convicted of any crime as stated in Question 15-D or 16-D above?  
 YES  NO State Offense: \_\_\_\_\_
- F. Are you or have you ever been interested in any liquor business at another address?  YES  NO  
DATE: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
WHERE: \_\_\_\_\_ (CITY, COUNTY, AND STATE)
- G. Has any license previously issued to you by any State or local authorities been SUSPENDED?  
 YES  NO DATE: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
WHERE: \_\_\_\_\_ (CITY, COUNTY AND STATE)
- H. Has any license previously issued to you by any State or local authorities been REVOKED?  
 YES  NO DATE: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
WHERE: \_\_\_\_\_ (CITY, COUNTY AND STATE)

**NO LICENSE SHALL BE ISSUED UNLESS ALL THE ABOVE QUESTIONS ARE COMPLETELY ANSWERED**

**AFFIDAVIT  
(PLEASE READ CAREFULLY BEFORE SIGNING)**

I (We) do solemnly swear (or affirm) that the statements given above are true and correct to the best of my (our) knowledge and belief; that I (We) will comply with all regulations of Federal, State and Local Liquor Control Laws; that a copy of an ordinance governing the sale at retail of alcoholic liquors and beverages in this municipality has been furnished to me (us); that I (we) understand the same, and agree to comply with all the provisions set forth therein.

I (We) swear (or affirm) that I (We) will not violate any of 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 and are made for the purpose of inducing the City of \_\_\_\_\_, Illinois to issue the license herein applied for.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D., \_\_\_\_\_.

APPLICANT(S): \_\_\_\_\_

CLERK \_\_\_\_\_

(SEAL)

**APPENDIX "O"**

**CITY OF SULLIVAN**

**APPLICATION FOR STREET & ALLEY REGULATIONS PERMIT**

Property Owner \_\_\_\_\_ Date of Application \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Contractor \_\_\_\_\_ License Number \_\_\_\_\_

---

All Contractors must submit a minimum of \$50,000.00 bond, to be attached.  
All Applicants must submit a Description of Work, to be attached.

**Contractors are responsible for the repair of any sidewalk, curb, gutter, or storm sewer that is damaged by the contractors work. All repairs must be made to match the existing structures without any alterations.**

- 
- Excavation** (Code 33-4-1) – Tunnel under or make any excavation in any street, alley or other public place. Contractor shall give notice to the Street Foreman at least ten hours before refilling any tunnel or excavation. Trench must be backfilled with sand, a minimum of 8" CA-6 material, and 4" of bituminous patch, all to be compacted. Materials cannot be substituted. Contractor is responsible for the excavated area for one year.
  - Using Space Under Streets** (Code 33-6-9) – No deviations from said details may be made without the approval of the Street Foreman or Commissioner.  
Intended use \_\_\_\_\_ Type of Construction \_\_\_\_\_  
Dimensions: Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_
  - Sidewalks** (Code 33-5-1) – All repairs must be in accordance with ADA guidelines. Repaired sidewalk width must match existing sidewalk width. The cross slope must be 2%.  
Sidewalk Dimensions: Length \_\_\_\_\_ Width \_\_\_\_\_ Cross Slope \_\_\_\_\_
  - Curb and Gutters** (Code 33-5-2) – Repair of Curbs and Gutters shall be according to the direction of the Street Foreman.
  - Storm Sewers, Field Tile** (Code 33-5-3) – Repair of Storm Sewers shall be according to the direction of the Street Foreman.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Material costs will be reviewed periodically. The Street Department reserves the right to adjust its charges at any time.

Permit pertaining to unpaved roadway	\$ 250.00
Permit pertaining to paved roadway	\$ 1,000.00

---

Permit # \_\_\_\_\_  Fee Collected

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Foreman Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Ord. No. 21-12; 09-27-21)**

**[Supplement No. 17; 08-01-11]**

**APPENDIX "S"**

**CITY OF SULLIVAN**

**WORK ORDER**

No. \_\_\_\_\_

ELECTRIC

GAS

WATER

DATE \_\_\_\_\_ TIME \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

---

METER SERIAL NO.

E \_\_\_\_\_ G \_\_\_\_\_ W \_\_\_\_\_

PREVIOUS READING DATE E \_\_\_\_\_ G \_\_\_\_\_ W \_\_\_\_\_

PRESENT READING E \_\_\_\_\_ G \_\_\_\_\_ W \_\_\_\_\_

TYPE OF WORK \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK COMPLETED BY	DATE	TIME
_____	_____	_____

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX "T"**

**NOTICE:**

**ZONING VIOLATION**

**STOP ALL WORK**

**IN OR ON THESE PREMISES. THIS STRUCTURE AND/OR USE IS IN VIOLATION OF THE ZONING CODE. ANY AND ALL PERSONS CONTRIBUTING TO THE CONTINUATION, MAINTENANCE, OR OPERATION OF THIS VIOLATION SHALL BE LIABLE FOR PROSECUTION AND, UPON CONVICTION, SHALL BE SUBJECT TO FINE OR IMPRISONMENT.**

**(REMOVAL, OR MUTILATION OF THIS NOTICE WITHOUT AUTHORIZATION OF THE ZONING ADMINISTRATOR SHALL CONSTITUTE VIOLATION OF THE ZONING CODE.)**

**DATE OF ISSUANCE \_\_\_\_\_**

**BY: \_\_\_\_\_**

**ZONING ADMINISTRATOR  
SULLIVAN, ILLINOIS**

**ORDER NUMBER \_\_\_\_\_**

## APPENDIX "U"

### CITY OF SULLIVAN

#### BILLING AND DISCONNECTION POLICY

All customers in the City of Sullivan are required to make a service deposit for each utility service they will be using. The current service deposit is **Seventy-Five Dollars (\$75.00)** per utility. The party taking residence must fill out an "Utility Service Application" and must furnish proof that they have legal access to the property for which they are making service deposits, by means of a rent agreement, rent receipt, or real estate title transfer.

All utility services are billed monthly, either on the **fifteenth (15<sup>th</sup>)** or last day of the month. These bills represent utility usage for approximately the **thirty (30) days** prior to the reading date indicated on the utility bill.

All utility bills are due **twenty (20) days** after the billing date. All bills must be paid by that date or they will be considered delinquent and be subject to a late fee and disconnection.

If payment is not received within twenty days of the billing date, you will be sent a notice requesting payment and advising you of a date of disconnection. If you do not sign a Payment Arrangement Form for the past due amount or do not pay your bill by the date of disconnection, your utility service will be terminated on the next working day after the designated date of disconnection, weather and availability of personnel permitting. Utility service will not be restored until full payment of the past due balance is made, plus a \$50.00 reconnection fee.

State Law **65 ILCS Sec. 5/11-117-12.1**, prohibits termination of gas or electric service to residential users for non-payment of bills on (i) any day when the National Weather Service forecast for the following **twenty-four (24) hours** includes a forecast that the temperature will be **twenty degrees Fahrenheit (20°F)** or below; or (ii) any day preceding a holiday or weekend when such forecast indicates that the temperature will be **twenty degrees Fahrenheit (20°F)** or below during the holiday or weekend. No such prohibition exists for commercial service.

Payment for same day reconnection of utilities will be accepted Monday through Friday, 8:00 a.m. to 3:30 p.m. Payments for disconnected accounts between 3:30 p.m. and 5:00 p.m. will result in reconnection of utilities on the next working day.

If a personal check provided for payment of disconnected utilities is returned for any reason, your account will be considered unpaid. Your utility service will again be disconnected until a cash payment of past due amounts is paid plus a \$25.00 returned check fee and additional \$50.00 reconnect fee.

If you cannot pay your bill by the due date or need extra time to pay, please call our office at 217-728-4383 from 8:00 a.m. to 5:00 p.m. Monday through Friday. We have information as to whom you may contact for assistance in paying your bill.

**APPENDIX "V"**  
**CITY OF SULLIVAN**

**CONTESTED UTILITY SHUTOFF HEARING NOTICE**

This notice is being sent to you pursuant to the provisions of **CHAPTER 38 SECTION 38-2-1 OF THE REVISED CODE OF ORDINANCES** as adopted by the corporate authorities.

CUSTOMER'S NAME: \_\_\_\_\_

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

TOTAL AMOUNT OF BILL:     \$\_\_\_\_\_ WATER

                                   \$\_\_\_\_\_ SEWER

                                   \$\_\_\_\_\_ GAS

                                   \$\_\_\_\_\_ OTHER

SUB-TOTAL:     \$\_\_\_\_\_

PENALTY:       \$\_\_\_\_\_

TOTAL DUE:     \$\_\_\_\_\_

DATE OF HEARING \_\_\_\_\_

TIME OF HEARING \_\_\_\_\_

LOCATION OF HEARING \_\_\_\_\_

\_\_\_\_\_

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

If the consumer/customer fails to appear at the hearing, the applicable utility services shall be **terminated** [shut off] without further proceedings.

If payment for the charges and fees is received prior to the date of the hearing, you may disregard this hearing notice.

The Mayor and City Clerk, or their designated representative(s), shall preside at the hearing.

\_\_\_\_\_  
CITY CLERK

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

**NOTE:**       After services have been shut off there will be a reconnection fee of  
                   \$\_\_\_\_\_.

**APPENDIX "W"**

**CITY OF SULLIVAN**

**APPLICATION TO TAP WATER MAIN**

Property Owner \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ Addition \_\_\_\_\_

Res. No. \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_ Size Tap \_\_\_\_\_

Location of tap from center of intersection \_\_\_\_\_

Direction \_\_\_\_\_ Side of Street \_\_\_\_\_ Number of Feet \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_

The following number of indicated fixtures will be connected to the proposed tap of the sewer main:

Kitchen Sinks \_\_\_\_\_ Garbage Grinders \_\_\_\_\_ Lavatories \_\_\_\_\_ Urinals \_\_\_\_\_

Bathtubs \_\_\_\_\_ Showers \_\_\_\_\_ Water Closets \_\_\_\_\_ Laundry \_\_\_\_\_

Other \_\_\_\_\_ Maximum number of people using above fixtures \_\_\_\_\_

I agree to install service pipe and other appliances to comply with the specifications of Revised Ordinances of the said City. I also agree to maintain the ditch where pipe is laid for a period of **one (1) year**.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Material costs will be reviewed periodically. The Water & Sewer Department reserves the right to adjust its charges at any time.

Current Water Tapping Fee	\$	1,500.00
Inspection Fee	\$	<u>30.00</u>
Total due at time of application	\$	1,530.00

**Easements Required: I, the property owner, shall give easements and right-of-ways where service lines are laid on my private property. An easement shall be granted providing for the installation and maintenance of the proposed service lines, to be installed and maintained by the City and for the extension along or across such property for making other service connections from the same line, or to allow access for the purpose of construction, repair, maintenance, relocation or expansion of the electric, gas, water and sewer systems.**

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit # \_\_\_\_\_  \$ Fee Collected

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

Water & Sewer Distribution Foreman \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX "X"**

**CITY OF SULLIVAN**

**APPLICATION TO TAP SEWER MAIN**

Property Owner \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ Addition \_\_\_\_\_

Res. No. \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_ Size Tap \_\_\_\_\_

Location of tap from center of intersection \_\_\_\_\_

Direction \_\_\_\_\_ Side of Street \_\_\_\_\_ Number of Feet \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License # \_\_\_\_\_

The following number of indicated fixtures will be connected to the proposed tap of the sewer main:

Kitchen Sinks \_\_\_\_\_ Garbage Grinders \_\_\_\_\_ Lavatories \_\_\_\_\_ Urinals \_\_\_\_\_  
Bathtubs \_\_\_\_\_ Showers \_\_\_\_\_ Water Closets \_\_\_\_\_ Laundry \_\_\_\_\_  
Other \_\_\_\_\_ Maximum number of people using above fixtures \_\_\_\_\_

I agree to install service pipe and other appliances to comply with the specifications of Revised Ordinances of the said City. I also agree to maintain the ditch where pipe is laid for a period of **one (1) year**.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Material costs will be reviewed periodically. The Water & Sewer Department reserves the right to adjust its charges at any time.

Current Sewer Tapping Fee	\$	500.00
Inspection Fee	\$	30.00
Total due at time of application	\$	530.00

**Easements Required: I, the property owner, shall give easements and right-of-ways where service lines are laid on my private property. An easement shall be granted providing for the installation and maintenance of the proposed service lines, to be installed and maintained by the City and for the extension along or across such property for making other service connections from the same line, or to allow access for the purpose of construction, repair, maintenance, relocation or expansion of the electric, gas, water and sewer systems.**

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permit #** \_\_\_\_\_  \$ Fee Collected

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

Water & Sewer Distribution Foreman \_\_\_\_\_ Date \_\_\_\_\_



THIS CARD SHALL BE CONSPICUOUSLY DISPLAYED.  
FAILURE TO DO SO SHALL BE DEEMED VIOLATION OF  
THE ZONING ORDINANCE.

OFFICE OF THE MUNICIPAL CLERK

**BUILDING  
PERMIT**

NO. \_\_\_\_\_

**HAS BEEN SECURED**

APPLICATION NUMBER \_\_\_\_\_

PROJECT \_\_\_\_\_

LOCATION \_\_\_\_\_

OWNER \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DATE OF EXPIRATION \_\_\_\_\_

Phone: \_\_\_\_\_

by: \_\_\_\_\_

Clerk

**APPENDIX "BB"**

**PRIVATE OUTDOOR LIGHTING CONTRACT**

CUSTOMER'S NAME \_\_\_\_\_

ADDRESS WHERE LIGHTS ARE INSTALLED \_\_\_\_\_

APPLICATION FOR PRIVATE OUTDOOR LIGHTING

I hereby make application to the City of Sullivan Electric Department, hereinafter called the City, for the installation and operation of PRIVATE OUTDOOR LIGHTING as follows:

No. Units Mo.	Type Units	Unit Cost Per Mo.	Total Cost Per
_____	_____ WATT MERCURY VAPOR	\$_____	\$_____
_____	_____ ADDITIONAL POLES	\$_____	\$_____
	TOTAL COST PER MONTH		\$_____

1. The City agrees to install and maintain the above numbered and described units at the above listed address and will furnish electricity for such units at the current charge shown as the total cost per month above.
2. Contract to be automatically extended each year unless terminated in advance by **thirty (30) days** written notice in advance of expiration date of contract. Contract will cover a period of **three hundred sixty-five (365) days**, effective on date of application.
3. The City agrees that it will replace faulty equipment within a reasonable length of time after notification, work to be performed during regular work hours only.  
  
The equipment installed shall remain at all times the property of the City and the City shall have the right of access and easement on customers property to install, maintain or remove the above equipment.
4. The Customer agrees to take all reasonable precautions to prevent damage or vandalism to the City's equipment.  
  
This contract shall be cancelable in case of excessive maintenance or replacement due to vandalism or other cause.
5. The monthly cost for the units above may be modified or changed by reason of fuel adjustment or cost of power charges, and customer agrees to pay any increase in charges when reflected on the monthly bill.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

CUSTOMER'S SIGNATURE \_\_\_\_\_

CITY OF SULLIVAN ELECTRIC DEPT. REPRESENTATIVE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

(Ord. No. 03-02; 05-28-02)

[Supplement No. 17; 08-01-11]

APPENDIX "CC"

APPLICATION FOR PERMIT FOR  
SUPERVISED PUBLIC DISPLAY OF FIREWORKS

We hereby make application for a permit to conduct a public display of fireworks on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Said display to be held at \_\_\_\_\_

Firm providing fireworks \_\_\_\_\_

\*\*Bond: Amount \$ \_\_\_\_\_ (\$1,000.00 or more)

Cash \_\_\_\_\_ Personal \_\_\_\_\_ Bonding Company \_\_\_\_\_ (Check one)

Has liability insurance been obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

All accidents must be reported to the City of Sullivan and the Office of the State Fire Marshal within **thirty-six (36) hours** of occurrence.

Signatures of Applicants

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

**APPENDIX "DD"**

**SITE INSPECTION REPORT**

Date of inspection \_\_\_\_\_ Distance to nearest structure \_\_\_\_\_ feet.

Is distance to any fire hydrant or water supply greater than 600 feet? Yes \_\_\_ No \_\_\_

Is display area clear of all overhead obstructions? Yes \_\_\_ No \_\_\_

Have provisions been made to keep public out of display area? Yes \_\_\_ No \_\_\_

Is there any hospital, nursing home or other institution within 600 feet? Yes \_\_\_ No \_\_\_

Has provision been made for on site fire protection during display? Yes \_\_\_ No \_\_\_

If guidelines by the State Fire Marshall's office concerning the handling of fireworks are strictly followed, should the hazard to surrounding property and any person or persons be diminished? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Site Inspection Officer

---

PERMIT

Date of Issue \_\_\_\_\_

Licensees \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

are hereby granted permission to conduct a public fireworks display on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_M. at \_\_\_\_\_, Sullivan, Illinois.

\_\_\_\_\_ is hereby designated as the supervisor and is authorized to handle and supervise said public display of fireworks. This permit is non-transferable and must be in the possession of the display supervisor.

\_\_\_\_\_  
Issuing Officer

\_\_\_\_\_

**APPENDIX "EE"**

**CITY OF SULLIVAN**  
**UTILITY RELEASE FORM**

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Rental Address

Permission is given to \_\_\_\_\_ to transfer utilities into his/her name at the above address. The utilities may be switched only into the name stated above. Should any bill become delinquent, the tenant releases the right for the City of Sullivan to inform the landlord of the delinquency/shut off notice. Should utilities get disconnected due to delinquency, this release is void and a new release must be signed before reconnection may occur.

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
City Representative

**APPENDIX "FF"**

**CITY OF SULLIVAN**  
**RENTAL PROPERTY REGISTRATION**

Landlord name/address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Emergency contact number \_\_\_\_\_

All rental addresses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Must tenant have release form signed in order to obtain utilities \_\_\_\_\_

When property is vacant, does landlord wish to have utilities (electric, gas, water) all or selected utility put in their name or shut off.

Summer \_\_\_\_\_

Winter \_\_\_\_\_

**APPENDIX "GG"**

**CITY OF SULLIVAN, ILLINOIS**

**APPLICATION FOR DEMOLITION PERMIT**

I hereby make application to demolish \_\_\_\_\_  
at \_\_\_\_\_. The estimated Cost of Demolition is \$ \_\_\_\_\_.  
Type of construction (frame, etc.)

Property Owner \_\_\_\_\_

Contractor \_\_\_\_\_

Utility services will not need disconnection.       Utility services require disconnection.

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

Demolition fees will be reviewed periodically. The City of Sullivan reserves the right to adjust its charges at any time.

Fee for demolition permit without utility disconnection	\$10.00
Fee for demolition permit requiring utility disconnection	\$50.00

Zoning Department Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permit #** \_\_\_\_\_  \$ Fee Collected

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Electric Distribution Foreman \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Gas Department Foreman \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Sewer Distribution Foreman \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Street Department Foreman \_\_\_\_\_ Date \_\_\_\_\_

**(Ord. No. 21-12; 09-27-21)**

**[Supplement No. 17; 08-01-11]**

**APPENDIX "HH"**

This Instrument Prepared by )  
 )  
City of Sullivan )  
2 E. Harrison St. )  
Sullivan, IL 61951 )  
217/728/4383 )  
 )

For Recorder's Use Only

---

**ANNEXATION AGREEMENT**

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_ and \_\_\_\_\_, hereafter called "Landowner", for and in consideration of the right to connect, tap or attach to or the right to receive service through one of the utility systems of the City of Sullivan, Moultrie County, Illinois, hereinafter called "City" and other good and valuable consideration, the receipt of which is hereby acknowledged, does hereby agree and covenant that when and if the real estate hereinafter described becomes contiguous to City, and upon the request of City, Landowner will petition for annexation to City the real estate described as:

See Attachment for Legal Description

The parties further agree as follows:

1. Landowner covenants and warrants that Landowner is presently vested with good fee simple title to the above-described real estate.
2. The covenants herein contained are to run with the land and shall be binding upon the parties, their heirs, executors, administrators, assigns, grantees and all persons claiming thereunder.
3. Said petition for annexation shall be in proper form and shall comply with the appropriate statutes of the State of Illinois.
4. All expenses of annexation shall be borne by Landowner.
5. Upon the occurrence of Landowner leasing or renting the above-described property, Landowner shall make these covenants a condition of said lease and they shall be binding on said lessees, tenants or renters.
6. Landowner hereby releases and waives all rights of homestead in and to the property covered by this agreement.
7. The City may enforce this agreement by any legal remedy available to it, including, but not limited to, suit for specific performance.
8. That, if Landowner fails to perform any agreement contained herein, then Landowner shall reimburse City for all expenses incurred by City, including, but not limited to, court costs and attorney's fees, for enforcement of this agreement.



9. That if City consents to Landowner receiving service through one or more of its utility systems prior to Landowner submitting a petition for annexation then Landowner agrees to submit a petition for annexation to City within 30 days of the beginning of receipt of said service. If Landowner fails to timely submit the petition for annexation, City may shut off or terminate all utility services furnished to Landowner at the above described real estate.

10. Landowner shall convey or dedicate all necessary easements to the City for the extension of utilities or for other public improvements which may serve not only the subject landowner's property, but other properties contiguous to landowner's property. Said easements or right-of-way shall be located as to cause a minimum of inconvenience in the development of landowner's property.

IN WITNESS WHEREOF, the Landowner has/have affixed his/her/their hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

\_\_\_\_\_  
STATE OF ILLINOIS )  
 )  
COUNTY OF MOULTRIE )

I, the undersigned, a Notary Public in and for said County and State, do hereby certify that \_\_\_\_\_, personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she/they signed, sealed and delivered said instrument as his/her/their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

(SEAL)

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

ATTACHMENT

LEGAL DESCRIPTION

Insert the description off of the Landowner's deed or use a photocopy of the Landowner's Deed. Do not use a property identification number (PIN) only or the short description from the real estate tax bill.

**APPENDIX "II"**

APPLICATION FOR TEMPORARY WINE/BEER TASTING LICENSE	License No. _____ Date Issued _____ Expires _____ Checked By _____ Approved By _____ Date _____ Order to Receive No. _____
TO BE FILED WITH THE CITY CLERK	Amount _____ [ ] Cash [ ] Bank Draft [ ] Cashier's Check [ ] Money Order [ ] Certified Check [ ] _____

---

**IMPORTANT -- READ CAREFULLY -- PERSONAL CHECKS NOT ACCEPTED UNLESS CERTIFIED**

This application properly completed and signed must be filed with the City Clerk and must be accompanied by a remittance in the proper amount, made payable to the City Treasurer. This remittance must be in the form of a Certified or Cashier's Check, United States Postal Money Order, Express Money Order, or Licensed Currency Exchange Money Order, Bank Draft, Bank Money Order, or Personal Money Order. Cash accepted. A copy of the not-for-profit corporation charter must be attached to the application.

The undersigned not-for-profit organization hereby makes application for a TEMPORARY WINE/BEER TASTING LICENSE and submits the following information:

1. Applicant: \_\_\_\_\_  
(GIVE NAME OF NOT-FOR-PROFIT ORGANIZATION -- TYPE OR PRINT PLAINLY)
2. Location of office of organization (NUMBER AND STREET) \_\_\_\_\_  
CITY/TOWN/OR VILLAGE ZIP CODE RURAL ROUTE AND POST OFFICE
3. Has a temporary wine/beer tasting license been issued to your organization within the past year? (Yes) (No)
4. Name and date of event \_\_\_\_\_
5. Location of temporary wine/beer tasting facility \_\_\_\_\_
6. Trash receptacles furnished? (Yes) (No) Type \_\_\_\_\_
7. Sanitation facilities furnished? (Yes) (No) Type \_\_\_\_\_
8. Garbage and litter pickup arranged for? (Yes) (No) Type \_\_\_\_\_
9. Adequate parking available? (Yes) (No) Type \_\_\_\_\_
10. Liability insurance (dram shop insurance) purchased? (Yes) (No) Type \_\_\_\_\_  
Amount \_\_\_\_\_
11. City named as additional insured? (Yes) (No) **CERTIFICATE OF INSURANCE MUST BE ATTACHED TO THE APPLICATION BEFORE A LICENSE IS ISSUED.**
12. Have you ever been convicted of a felony or otherwise disqualified to receive the license applied for by reason of any matter or thing contained in the Illinois Liquor Control Act or the municipal liquor code? (Yes) (No)  
If yes, name court of conviction \_\_\_\_\_
13. Have you or your organization ever made application for a liquor license for any other premises? (Yes) (No)
14. Are you or is any other person, directly or indirectly interested in said temporary wine/beer tasting facility, a public official as defined in Section 2 (14) Article VI of the Illinois Liquor Control Act? \_\_\_\_\_ If so, office held? \_\_\_\_\_
15. Has any license previously issued to you or your organization by any State or local authorities been SUSPENDED? (Yes) (No)  
Date: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
Where? \_\_\_\_\_  
(City) (County) (State)

16. Has any license previously issued to you or your organization by any State or local authorities been REVOKED? (Yes) (No)  
 Date: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
 Where? \_\_\_\_\_  
 (City) (County) (State)
17. Will you and your organization comply with the Local Liquor Code and the regulations in connection therewith? (Yes) (No)
18. Are you, or has your organization ever been, interested in any liquor business at another address? (Yes) (No)  
 Date: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
 Where? \_\_\_\_\_  
 (City) (County) (State)
19. a. Name of individual making application \_\_\_\_\_  
 (Must be an officer of the organization) TYPE OR PRINT NAME PLAINLY  
 Date of Birth: \_\_\_\_\_
- b. Residence Address: \_\_\_\_\_  
 (STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER)  
 \_\_\_\_\_  
 (CITY) (COUNTY) (STATE)
- c. Place of Birth: \_\_\_\_\_ Are you a citizen of the United States? (Yes) (No)
- d. Have you ever been convicted of a felony or other crime? (Yes) (No)  
 State offense: \_\_\_\_\_
- e. Are you or have you ever been interested in any liquor business at another address? (Yes) (No)  
 Date: \_\_\_\_\_ If so, state reasons therefor \_\_\_\_\_  
 Where: \_\_\_\_\_  
 (CITY) (COUNTY) (STATE)

**NO LICENSE SHALL BE ISSUED UNLESS ALL THE ABOVE QUESTIONS ARE COMPLETELY ANSWERED**

**AFFIDAVIT**

**(PLEASE READ CAREFULLY BEFORE SIGNING)**

I (We) do solemnly swear (or affirm) that the statements given above are true and correct to the best of my (our) knowledge and belief; that I (We) will comply with all regulations of Federal, State and Local Liquor Control Laws; that a copy of an ordinance governing the sale at retail of alcoholic liquors and beverages in this municipality has been furnished to me (us); that I (we) understand the same, and agree to comply with all the provisions set forth therein.

I (We) swear (or affirm) that I (We) will not violate any of 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 and are made for the purpose of inducing the City of Sullivan, Illinois to issue the license herein applied for.

APPLICANT ORGANIZATION:

Individual Making Application:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Office \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 CLERK

(SEAL)

**APPENDIX "JJ"**

**SECURITY LIGHTS**

FORMULA: Wattage of bulb X 12 hours X 365 days divided by 12 months divided by 1000 = kwh usage per month.

<b>FIXTURE</b>	<b>LUMENS</b>	<b>BULB</b>	<b>KWH/MO</b>	<b>COST</b>
70 watt HPS	5220	LU70	25	\$10.00/mo
90 watt HPS		LU90	30	\$10.00/mo
100 watt HPS	8550	LU100	40	\$10.00/mo
150 watt HPS	14400	LU150/55	65	\$10.00/mo
250 watt HPS	24750	LU250	90	\$12.00/mo
400 watt HPS	45000	LU400	150	\$16.00/mo
100 watt Metal Halide	9000	MVR100/U	36.5	\$10.00/mo
175 watt Metal Halide	10350	MVR175/U	65	\$10.00/mo
250 watt Metal Halide	17000	MVR250/U	90	\$12.00/mo
400 watt Metal Halide	28800	MVR400/U	150	\$14.00/mo
250 watt Floodlight		Any Lamp	90	\$16.00/mo
400 watt Floodlight		Any Lamp	150	\$19.00/mo
1000 watt Floodlight		Any Lamp	365	\$34.00/mo

**Metered Lights**

150 watt	Any Lamp	\$6.00/mo
175 watt	Any Lamp	\$6.00/mo
250 watt	Any Lamp	\$6.00/mo
400 watt	Any Lamp	\$6.00/mo
250 watt Floodlights	Any Lamp	\$7.00/mo
400 watt Floodlights	Any Lamp	\$8.00/mo
Pole Rental		\$6.00/mo

**NO FUEL ADJUSTMENT CHARGE ON SECURITY LIGHTS**

**(Ord. No. 09-09; 05-11-09)**

**APPENDIX "KK"**  
**CITY OF SULLIVAN, ILLINOIS**  
**APPLICATION FOR A BUILDING PERMIT OF**  
**COMMERCIAL, INDUSTRIAL, AND MULTI-UNIT STRUCTURES**

I, the undersigned, hereby make application on behalf of \_\_\_\_\_  
(Company Name)

to  erect  enlarge  repair \_\_\_\_\_ located at \_\_\_\_\_  
(type of construction – frame, etc)

The proposed building will front on \_\_\_\_\_ to be used for \_\_\_\_\_

Commercial/Industrial - \_\_\_\_\_ square feet  Multiple Unit Structure - \_\_\_\_\_ units

The Estimated Cost is \$ \_\_\_\_\_ Length \_\_\_\_\_ feet Width \_\_\_\_\_ feet Height \_\_\_\_\_ feet

**A SITE PLAN AND FULL SET OF PRINTS MUST ACCOMPANY THIS APPLICATION**

Contractor \_\_\_\_\_

Plumber \_\_\_\_\_ License # \_\_\_\_\_

Electrician \_\_\_\_\_ License # \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Easements Required: I, the property owner, shall give easements and right-of-ways where service lines are laid on my private property. An easement shall be granted providing for the installation and maintenance of the proposed service lines, to be installed and maintained by the City and for the extension along or across such property for making other service connections from the same line, or to allow access for the purpose of construction, repair, maintenance, relocation or expansion of the electric, gas, water and sewer systems.**

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Minimum distance to **PROPERTY** line: at front: \_\_\_\_\_ feet on left side: \_\_\_\_\_ feet at side: \_\_\_\_\_ feet  
(if corner lot)  
at rear: \_\_\_\_\_ feet on right side: \_\_\_\_\_ feet

**Commercial/Industrial Fees:**

General Permit Fee \_\_\_\_\_ \$ 25.00  
Non-Storage Square Footage \_\_\_\_\_/100 = \_\_\_\_\_ \* \$ 10.00 = \_\_\_\_\_  
Storage Only Square Footage \_\_\_\_\_/100 = \_\_\_\_\_ \* \$ 5.00 = \_\_\_\_\_  
Total Amount Due (\$250.00 Minimum) \$ \_\_\_\_\_

**Multiple Unit Structure Fees:**

General Permit Fee \_\_\_\_\_ \$ 25.00  
 Structure Inspection Fee \_\_\_\_\_ Units \* ½ = \_\_\_\_\_ \* \$ 30.00 = \_\_\_\_\_  
 Foundation Inspection Fee \_\_\_\_\_ Units \* ½ = \_\_\_\_\_ \* \$ 30.00 = \_\_\_\_\_  
 Footing Inspection Fee \_\_\_\_\_ Units \* ½ = \_\_\_\_\_ \* \$ 30.00 = \_\_\_\_\_  
 Plumbing – Rough-In Inspection Fee \_\_\_\_\_ Units \* ½ = \_\_\_\_\_ \* \$ 30.00 = \_\_\_\_\_  
 Plumbing – Final Inspection Fee \_\_\_\_\_ Units \* ½ = \_\_\_\_\_ \* \$ 30.00 = \_\_\_\_\_  
 Electrical – Rough-In Inspection Fee \_\_\_\_\_ Units \* ½ = \_\_\_\_\_ \* \$ 30.00 = \_\_\_\_\_  
 Electrical – Final Inspection Fee \_\_\_\_\_ Units \* ½ = \_\_\_\_\_ \* \$ 30.00 = \_\_\_\_\_  
Total Amount Due \_\_\_\_\_

Zoning Department Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit # \_\_\_\_\_  Fee Collected

Utility Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Electric Distribution Foreman \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Gas Department Foreman \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Sewer Distribution Foreman \_\_\_\_\_ Date \_\_\_\_\_

Permit approved by Street Department Foreman \_\_\_\_\_ Date \_\_\_\_\_

**(Ord. No. 21-12; 09-27-21)**

**[Supplement No. 17; 08-01-11]**

**APPENDIX "LL"**

**APPLICATION FOR LICENSE  
CITY RUBBISH DUMP**

- 1. Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
  
- 2. Applicant doing business as: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_
  
- 3. Name of Manager: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
  
- 4. Vehicle Description and license number to be tagged:  
\_\_\_\_\_
  
- 5. Description and license number of additional vehicles to be tagged:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Application: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_

---

---

**City of Sullivan**

Application: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_  
License/Tag No.(s): \_\_\_\_\_  
\_\_\_\_\_

APPENDIX "MM"

CITY LICENSE

# LICENSE

BY AUTHORITY OF THE CITY OF SULLIVAN, ILLINOIS, PERMISSION IS HEREBY GIVEN

TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From the date hereof until the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
In said City, subject to the Ordinance of said City, in such case made and provided, and to  
revocation by the Mayor, at any time, at his discretion.

WITNESS the hand of the Mayor of said City, and the Corporate seal thereof, this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ Mayor

Attest: \_\_\_\_\_ City Clerk