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. (Feet from street).
Min. distance to PROPERTY line at side ______ feet (in corner lot).
Min. distance to PROPERTY line on left side ______ feet (standing on street facing the lot).
Min. distance to PROPERTY line on right 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

□ Foundation □ Plumbing Final

□ Footing □ Electrical Rough-In

□ Electrical Final

Total Amount Due $____

Zoning Department Signature __________________________ Date __________________________

Utility Clerk Signature __________________________ Date __________________________

Permit approved by Electric Distribution Foreman __________________________ Date __________________________

Permit approved by Gas Department Superintendent __________________________ Date __________________________

Permit approved by Sewer Distribution Foreman __________________________ Date __________________________

Permit approved by Street Department Superintendent __________________________ Date __________________________

This is a printed version of the document. All forms and documents are now in digital format. Any forms or paper forms should be filled out at www.sullivanil.us
## APPENDIX “B”
### CITY OF SULLIVAN, ILLINOIS
#### BUILDING INSPECTION REPORT

<table>
<thead>
<tr>
<th>Date of Permit Application</th>
<th>Permit #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Owner</td>
<td>Location</td>
</tr>
<tr>
<td>Type of Construction</td>
<td>To be used for</td>
</tr>
<tr>
<td>General Contractor</td>
<td>License #</td>
</tr>
<tr>
<td>Plumbing Contractor</td>
<td>License #</td>
</tr>
<tr>
<td>Electrician</td>
<td>License #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Footing Inspection Date</th>
<th>Inspector Initials</th>
<th>Comments:</th>
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</table>

<table>
<thead>
<tr>
<th>Foundation Inspection Date</th>
<th>Inspector Initials</th>
<th>Comments:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Structural Inspection Date</th>
<th>Inspector Initials</th>
<th>Comments:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Electrical Rough-In Inspection Date</th>
<th>Inspector Initials</th>
<th>Comments:</th>
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<table>
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<tr>
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<table>
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<th>Electrical Final Inspection Date</th>
<th>Inspector Initials</th>
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<table>
<thead>
<tr>
<th>Plumbing Final Inspection Date</th>
<th>Inspector Initials</th>
<th>Comments:</th>
</tr>
</thead>
</table>

---

**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**

<table>
<thead>
<tr>
<th>No.</th>
<th>Project</th>
<th>Location</th>
<th>Owner</th>
<th>Address of Owner</th>
<th>Phone Number</th>
<th>Date Issued</th>
<th>Date Final Inspection</th>
<th>Fee $30.00 Paid Date</th>
<th>Inspector</th>
</tr>
</thead>
</table>

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.

---

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## APPENDIX “D”

### PERMIT

#### PLUMBING INSPECTION

<table>
<thead>
<tr>
<th>No.</th>
<th>Project</th>
<th>Location</th>
<th>Owner</th>
<th>Address of Owner</th>
<th>Phone Number</th>
<th>Date Issued</th>
<th>Date Final Inspection</th>
<th>Fee $30.00 Paid</th>
<th>Date</th>
<th>Inspector</th>
<th>Approved</th>
</tr>
</thead>
</table>

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 II, Article II, Section 6-2-3.

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

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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 _________________________________________________________

Superintendent Electrical ___________________________________________

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 SUPERINTENDENT WHEN INSPECTION COMPLETED AND PERMIT ISSUED.
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 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:**

<table>
<thead>
<tr>
<th>License Approved</th>
<th>Disapproved</th>
<th>Dated</th>
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</thead>
<tbody>
<tr>
<td>Raffle Managers Bond: Waived</td>
<td>Not Waived</td>
<td>Paid</td>
</tr>
<tr>
<td>Filing Fee: Waived</td>
<td>Not Waived</td>
<td>Paid</td>
</tr>
</tbody>
</table>

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 $30.00
Total Fee Due $180.00

Utility Clerk Signature __________________ Date __________________

Fee Collected

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format. Any form to be filled out should be done on the City’s website at: www.sullivanil.us.

Paper forms are not to be used.
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 $30.00
Total Due at time of Wiring Permit $180.00

Easements Required: 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 1, 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: ________________________________

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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 shall not be so paid, City may temporarily suspend the supply of gas or cancel this contract. Suspending the supply of gas or canceling this contract shall not release Customer from the obligation to pay for any services furnished to the time herein furnished, nor from penalty 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 the 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

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 superintendent 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

By ___________________________  __________________________
Superintendent  Permit Issued __________________________
Address  Service Connected __________________________

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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 (¾” or 1”) $200.00
Inspection Fee $30.00
Total due at time of Application (City resident) $230.00
Non-Resident Fee $430.00
Total due at time of Application (Non-City resident)

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 and 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 □ Fee Collected

Utility Clerk Signature Date

□ Invoice Mailed: _______ Feet of ______ pipe @ $_________ per foot = $_________

Utility Clerk Signature Date
**APPENDIX “N”**

<table>
<thead>
<tr>
<th>APPLICATION FOR LIQUOR LICENSE REQUIRED BY</th>
<th>APPLICATION FOR LIQUOR LICENSE REQUIRED BY</th>
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<tbody>
<tr>
<td>License No.</td>
<td>License No.</td>
</tr>
<tr>
<td>Date Issued</td>
<td>Date Issued</td>
</tr>
<tr>
<td>Expires</td>
<td>Expires</td>
</tr>
<tr>
<td>Checked By</td>
<td>Checked By</td>
</tr>
<tr>
<td>Approved By</td>
<td>Approved By</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Order to Receive No.</td>
<td>Order to Receive No.</td>
</tr>
</tbody>
</table>

TO BE FILED WITH THE CITY CLERK

TO BE FILED WITH THE CITY CLERK

[ ] 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
   TYPE OR PRINT NAME PLAINLY  TELEPHONE

3. Location of above place of business (NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE MUST BE GIVEN)
   CITY/TOWN/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:
   NUMBER AND STREET OR LOT AND BLOCK OR SECTION, TOWNSHIP AND RANGE, CITY

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 RURAL ROUTE
      (NAME OF CITY, COUNTY AND STATE)

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?  
DATE: _________________________________
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?  
DATE: _________________________________
If so, state reasons therefor: _________________________________
WHERE: _________________________________  CITY: __________  COUNTY: __________  STATE: __________

I. Will you comply with the Local Liquor Code and the Regulations in connection therewith?  
DATE: _________________________________
WHERE: _________________________________  CITY: __________  COUNTY: __________  STATE: __________

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 a crime as stated in Question 15-D or 16-D above?  
DATE: _________________________________
If "yes", name court of conviction _________________________________
F. Are you or have you ever been interested in any liquor business at another address?  [ ] YES  [ ] NO
DATE: _________________________________
WHERE: _________________________________  CITY: __________  COUNTY: __________  STATE: __________

G. Has any license previously issued to you by any State or local authorities been SUSPENDED?  
DATE: _________________________________
WHERE: _________________________________  CITY: __________  COUNTY: __________  STATE: __________
If so, state reasons therefor: _________________________________

H. Has any license previously issued to you by any State or local authorities been REVOKED?  
DATE: _________________________________
WHERE: _________________________________  CITY: __________  COUNTY: __________  STATE: __________
If so, state reasons therefor: _________________________________

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.

APPLICANT(S): _________________________________
SUBSCRIBED AND SWORN TO BEFORE ME THIS ________ DAY OF __________________, A.D., ______.

CLERK
(SEAL)
APPENDIX “O”

CITY OF SULLIVAN

APPLICATION FOR STREET & ALLEY REGULATIONS PERMIT

<table>
<thead>
<tr>
<th>Property Owner</th>
<th>Date of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Contractor</td>
<td>License Number</td>
</tr>
</tbody>
</table>

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 Superintendent 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 Superintendent or Commissioner.

- **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%.

- **Curb and Gutters** (Code 33-5-2) – Repair of Curbs and Gutters shall be according to the direction of the Street Superintendent.

- **Storm Sewers, Field Tile** (Code 33-5-3) – Repair of Storm Sewers shall be according to the direction of the Street Superintendent.

Applicant Signature ___________________________ Date ________________

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

<table>
<thead>
<tr>
<th>Permit pertaining to unpaved roadway</th>
<th>$ 250.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit pertaining to paved roadway</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

Permit # ___________________________ □ Fee Collected

Utility Clerk Signature ___________________________ Date ________________

Street Superintendent Signature ___________________________ Date ________________
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

PRESENT READING 

E _______    G _______    W _______

TYPE OF WORK __________________________________________

WORK COMPLETED BY ______________________    DATE ____________    TIME ______________________

COMMENTS ____________________________________________

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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 ________________________

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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 (15th) 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.

This is a printed version of the document. All forms and appendices are now in digital format. Any form to be used. Any form to be filled out should be sent to: www.sullivanillinois.com.
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 $ 30.00
- 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 _______
Bathubs _______ 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 ________________
APPENDIX “AA”

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

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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:

<table>
<thead>
<tr>
<th>No. Units Mo.</th>
<th>Type Units</th>
<th>Unit Cost Per Mo.</th>
<th>Total Cost Per Mo.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WATT MERCURY VAPOR</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td></td>
<td>ADDITIONAL POSTS</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td></td>
<td>TOTAL COST PER MONTH</td>
<td>$_________</td>
<td></td>
</tr>
</tbody>
</table>

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.

4. The equipment installed shall remain at all times the property of the City and the City shall have the right of access to the basement on customer’s property to install, maintain or remove the above equipment.

5. 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.

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)
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: __________

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# Site Inspection Report

## Date of Inspection

Date of inspection ___________ Distance to nearest structure ___________ feet.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is distance to any fire hydrant or water supply greater than 600 feet?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is display area clear of all overhead obstructions?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have provisions been made to keep public out of display area?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is there any hospital, nursing home or other institution within 600 feet?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Has provision been made for on site fire protection during display?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Column</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Issue</td>
<td>________________</td>
</tr>
<tr>
<td>Licensees</td>
<td>________________</td>
</tr>
</tbody>
</table>

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
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

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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

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APPENDIX “GG”

CITY OF SULLIVAN, ILLINOIS

APPLICATION FOR DEMOLITION PERMIT

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

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 ________________

Utility Clerk Signature ___________________________ Date ________________

Permit approved by Electric Distribution Foreman ___________ Date ________________

Permit approved by Gas Department Superintendent ___________ Date ________________

Permit approved by Sewer Distribution Foreman ___________ Date ________________

Permit approved by Street Department Superintendent ___________ Date ________________

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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 MOULTREE

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)

(Seal)
APPENDIX “II”

<table>
<thead>
<tr>
<th>APPLICATION FOR</th>
<th>LICENSE NO. ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued</td>
<td>____________________________</td>
</tr>
<tr>
<td>Expires</td>
<td>____________________________</td>
</tr>
<tr>
<td>TEMPORARY WINE/BEER TASTING LICENSE</td>
<td>Checked By ____________________________</td>
</tr>
<tr>
<td>Approved By</td>
<td>____________________________</td>
</tr>
<tr>
<td>Date Issued</td>
<td>____________________________</td>
</tr>
<tr>
<td>Order to Receive No.</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

TO BE FILED WITH

<table>
<thead>
<tr>
<th>THE CITY CLERK</th>
<th>Amount</th>
<th>[ ] Cash [ ] Bank Draft</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Cashier’s Check [ ] Money Order [ ] Certified Check</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 organization’s 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):**

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 ____________________________

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)  
   State offense: ________________________________  
   d. Have you ever been convicted of a felony or other crime? (Yes) (No)  
   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 thereof.  

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)  

(Ord. No. 05-05; 03-28-05)
**APPENDIX “JJ”**

**SECURITY LIGHTS**

**FORMULA:** Wattage of bulb $\times$ 12 hours $\times$ 365 days divided by 12 months divided by 1000 = kwh usage per month.

<table>
<thead>
<tr>
<th>FIXTURE</th>
<th>LUMENS</th>
<th>BULB</th>
<th>KWH/ MO</th>
<th>COST</th>
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<tbody>
<tr>
<td>70 watt HPS</td>
<td>5220</td>
<td>LU70</td>
<td>25</td>
<td>$10.00/mo</td>
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<tr>
<td>90 watt HPS</td>
<td>8550</td>
<td>LU90</td>
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<td>LU100</td>
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<td>LU150/50</td>
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<td>$10.00/mo</td>
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<td>LU250</td>
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<td>$12.00/mo</td>
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<tr>
<td>400 watt HPS</td>
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<td>LU400</td>
<td>150</td>
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<tr>
<td>100 watt Metal Halide</td>
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<td>MVR100/U</td>
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<td>$10.00/mo</td>
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<td>10350</td>
<td>MVR175/U</td>
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<td>MVR250/U</td>
<td>90</td>
<td>$12.00/mo</td>
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<td>400 watt Metal Halide</td>
<td>28800</td>
<td>MVR400/U</td>
<td>150</td>
<td>$14.00/mo</td>
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<td>250 watt Floodlight</td>
<td>Any Lamp</td>
<td>90</td>
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<td>Any Lamp</td>
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<td>Any Lamp</td>
<td>365</td>
<td>$34.00/mo</td>
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<th>LUMENS</th>
<th>BULB</th>
<th>KWH/ MO</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 watt</td>
<td>Any Lamp</td>
<td></td>
<td></td>
<td>$6.00/mo</td>
</tr>
<tr>
<td>175 watt</td>
<td>Any Lamp</td>
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**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 ________________________________ License # ________________________________
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

at rear: ________ feet on right side: ________ feet (if corner lot)

Commercial/Industrial Fees:
General Permit Fee $ 25.00
Non-Storage Square Footage $ 10.00 = * $ _______ = _______
Storage Only Square Footage $ 5.00 = * $ _______ = _______
Total Amount Due ($250.00 Minimum) $_______

Multiple Unit Structure Fees:
General Permit Fee $ 25.00
□ Structure Inspection Fee ________ Units * ½ = ________ * $ _______ = _______
□ Foundation Inspection Fee ________ Units * ½ = ________ * $ _______ = _______
□ Footing Inspection Fee ________ Units * ½ = ________ * $ _______ = _______
□ Plumbing – Rough-In Inspection Fee ________ Units * ½ = ________ * $ _______ = _______
□ Plumbing – Final Inspection Fee ________ Units * ½ = ________ * $ _______ = _______
□ Electrical – Rough-In Inspection Fee ________ Units * ½ = ________ * $ _______ = _______
□ Electrical – Final Inspection Fee ________ Units * ½ = ________ * $ _______ = _______
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 Superintendent ________________________________ Date ________________________________
Permit approved by Sewer Distribution Foreman ________________________________ Date ________________________________
Permit approved by Street Department Superintendent ________________________________ Date ________________________________
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

This is a printed version of the document. All forms and appendices are now in digital format. Paper forms are not to be used. Any form to be filled out should be done on the City’s website at: www.sullivanil.us