



**Secretary of State
Notice of Proper Zoning**

**This space for use by
Secretary of State**

**Secretary of State
Vehicle Services Department
Dealer Licensing Section
501 S. Second St., Rm. 069
Springfield, IL 62756
217-782-7817
www.cyberdriveillinois.com**

In order to process your Dealer License application, you must complete the applicant section below and then have the proper zoning jurisdiction complete the bottom portion of the form.

TO BE COMPLETED BY APPLICANT

I _____ am filing an application with the Office of the
Applicant Name

Secretary of State to obtain a license to conduct the business of a _____
Dealer License Type

located at _____
Complete Address of Business

Signature of Applicant

TO BE COMPLETED BY ZONING OFFICIAL

The Zoning Office of _____ hereby affirms the business
Zoning Jurisdiction

mentioned above is in compliance with local zoning laws and regulations to conduct this type of business.

Signature of Authorized Zoning Official

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

(SEAL)

Notary Public