



**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