

APPLICATION FOR BUSINESS LICENSE

Chapter 4A1-2 Section A-I

EFFECTIVE JANUARY 1, 20__ THROUGH DECEMBER 31, 20__

FIRM NAME _____

ADDRESS _____

BILLING ADDRESS (Other than above) _____

BUSINESS TELEPHONE NUMBER _____ REGULAR BUSINESS HOURS _____

NUMBER OF EMPLOYEES: FULL TIME AND PART TIME _____

NUMBER OF EMPLOYEES ASSIGNED TO OTHER SHIFTS _____

DETAIL SERVICE OR PRODUCT _____

ILLINOIS BUSINESS OR SALES TAX NUMBER _____

IF YOU HAVE HAZARDOUS OR FLAMMABLE MATERIALS ON PREMISES OR A SITUATION THAT FIRE DEPT OR POLICE DEPT. SHOULD BE AWARE OF, PLEASE SPECIFY:

DO YOU HAVE A SECURITY OR FIRE ALARM, IF SO, PLEASE FURNISH NAME & PHONE NUMBER.

NAME _____ PHONE NUMBER _____

HOW MANY OF THE FOLLOWING VENDING MACHINES ? IF MOTEL OR HOTEL, CHECK ONE OF THE FOLLOWING:

CIGARETTE	_____	POP	_____		OCCUPANCY OF:	1 – 50 persons	_____
SANDWICHES	_____	ICE	_____		51 – 100 persons	_____	
PASTRY	_____	MILK	_____		Over 100 persons	_____	
NEWSSTAND	_____	CANDY	_____				

ARE THERE ANY OTHER BUSINESSES WITHIN YOUR PLACE OF BUSINESS ? YES _____ NO _____

If so, please list below:

PLEASE LIST NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF AT LEAST TWO PERSONS WITH KEYS TO CONTACT IN CASE OF EMERGENCY.

NAME & ADDRESS _____ PHONE _____

NAME & ADDRESS _____ PHONE _____

() SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION

TO BE COMPLETED BY OWNER(S) OR PRINCIPAL OFFICER(S):

NAME _____ SOC. SEC. # _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

NAME _____ SOC. SEC. # _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

(If more than two owners, please list on the reverse side, the name, social security number, date of birth, address and telephone number of all the other individuals involved.)

I/We understand the issuance of this License is conditioned upon compliance with Village Ordinance and the results of any inspection of the above premises at this time or any subsequent inspections while this License is in force. I/We also understand that any falsification or willful misrepresentation of the above statements or answers will result in the revocation of this license.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

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FOR OFFICE USE ONLY

FIRE DEPARTMENT: APPROVED / DENIED _____ DATE _____

BUILDING DEPARTMENT: APPROVED / DENIED _____ DATE _____