



MAIN LIC# _____

BUSINESS LICENSE APPLICATION

(Please type or print)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUS. PHONE# _____ FAX _____ E-MAIL _____

BILLING ADDRESS: _____

(If different) _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____

ILLINOIS BUSINESS TAX NUMBER (IBT) (REQUIRED) _____

PROPERTY TAX NUMBER (PIN): _____

BUSINESS OWNERSHIP TYPE: (if corporate, list officers including registered agent)

_____ Corporation _____ Partnership _____ Individual Proprietor

Name: _____ Title: _____ Home Address: _____ Phone: _____ Drivers License # _____

PROPERTY OWNER: _____

ADDRESS: _____

NATURE OF BUSINESS: (describe the operation in brief including product type) also **SIC - CODE** _____

TOTAL NUMBER OF EMPLOYEES: _____ Maximum on one shift: _____

TOTAL SQUARE FOOTAGE OF: Building (s) _____ Your Unit _____

COIN OPERATED MACHINES ON PREMISES: (number and type) candy _____ coffee _____ soda/pop _____

ice cream _____ cigarette _____ sandwiches (refrigerated) _____

general snacks (non-refrigerated) _____ games _____ other _____ none _____

RESTAURANTS: (Health permit & special use required)

Have you applied for your special use to operate a restaurant? Yes: _____ No _____

Seating capacity total _____ Outdoor Seating _____ Carry-out Yes: _____ No _____

Restaurants, Food Stores, Food Processors:

Have you applied for all required health permits? Yes: _____ No _____
(complete backside)

INDUSTRIAL MANUFACTURING PROCESSING F FACILITIES describe type of product
Manufactured / warehoused / processed (check all that apply):

HAVE YOU submitted copies of your material safety data sheets to the Fire Department? Yes: No

HAVE YOU contacted the Cook County Department of Environmental Control to apply for any necessary permits?
Yes: No

HAVE YOU applied to the Metropolitan Water Reclamation District of Greater Chicago for any required permits?
Yes: No

HAS THE APPLICANT, business owner, or any officer or partner associated with this business ever been convicted of a felony or other offense involving moral turpitude? Yes: No: If yes, please explain:

On this _____ day of _____, 20____, before me appeared _____
_____ (applicant's printed name) who duly sworn deposes and says that they have read the foregoing application by them subscribed; and that they understand the contents thereof; that the information given by them is true and that they had been informed and understand that any false information given by them shall be cause for revocation of any licenses issued herein. He or she further states that they have viewed all appropriate village ordinances relating to the operation of a business and that unless all ordinances are complied with, no license will be issued.

Applicant's signature Title Date of Application

Notary Public _____ County, IL

my commission expires _____

** PLEASE NOTE – application must be notarized before returning to village.

**** PLEASE NOTE*** Any changes made in ownership of Business or any Business name changes, Business address changes will require the completion of a new Business License Application.**

FOR OFFICE USE Licenses required for fiscal year _____ ISSUED BY _____
CLASS TYPE _____ FEE _____ COMMERCIAL ALARM FEE _____
FINGERPRINT/BACKGROUND CHECK FEE _____

| | | | |
|---------------------------|-----------------|------------|-------|
| Community Development | ___ APP ___ REJ | DATE _____ | _____ |
| Police Department Manager | ___ APP ___ REJ | DATE _____ | _____ |
| Fire Department | ___ APP ___ REJ | DATE _____ | _____ |
| Water Billing | ___ APP ___ REJ | DATE _____ | _____ |