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Village of Richton Park
4455 Sauk Trail
Richton Park, Il 60471

LICENSE #:	
DATE RECEIVED:	
LICENSE FEE:	
HEALTH FEE:	
ADMINISTRATION:FEE:	
VENDING FEE:	
CIGARETTE FEE:	
TOTAL PAID:	

BUSINESS LICENSE APPLICATION

DATE:

FIRM NAME:

ADDRESS:

BUSINESS PHONE:

EMERGENCY PHONE:

EMAIL:

TYPE OF BUSINESS: AREA (SQ. FT.:

SALES OR OCCUPATION TAX NO:

IF LAUNDRY OR DRY CLEANING, NUMBER OF UNITS ON PREMISES:

IF GAS STATION, NUMBER OF NOZZLES:

WILL BUSINESS INCLUDE VENDING MACHINES:
(If yes, complete vending machine application) ☐ YES ☐ NO

Is this a new or existing business? ☐ NEW ☐ EXISTING

If existing, for how long and where: _____

Does your business include the sale of alcohol?:
(**If yes, a liquor license is required**) ☐ YES ☐ NO

(Continue on Next Page)

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR BUSINESS ACTIVITIES (include the days and hours of operation and the type(s) of goods and/or services being provided; if business plan has been completed, please provide a copy):

TYPE HERE

BUILDING OWNER: PHONE:

ADDRESS: CITY: ZIP:

THIS SECTION MUST BE COMPLETED (PLEASE CHECK ONE)

FOR SOLE OWNER, PROVIDE FULL NAME, ADDRESS OR RESIDENCE, SOCIAL SECURITY NUMBER, BIRTH DATE AND HOME TELEPHONE NUMBER. (*PROVIDE THE SAME INFORMATION FOR EACH MEMBER OF A PARTNERSHIP OR FIRM, LIMITED PARTNERSHIP, AND OF EACH PRINCIPAL OFFICER IN A CORPORATION.)

☐ OWNER ☐ PARTNERSHIP OR FIRM* ☐ LIMITED PARTNERSHIP* ☐ CORPORATION

NAME: ADDRESS:

CITY: ZIP: PHONE:

SOCIAL SECURITY #: BIRTH DATE:

NAME: ADDRESS:

CITY: ZIP: PHONE:

SOCIAL SECURITY #: BIRTH DATE:

I understand the issuance of this license is conditioned upon compliance with all Ordinances and the result of any inspection of above premises at this time or any subsequent inspection while this license is in force.

SIGNATURE SIGNATURE