



VILLAGE OF ROSEMONT

VILLAGE OF ROSEMONT
Health & Licensing Department
9501 West Devon Avenue, 2nd Floor
Rosemont, Illinois 60018
Phone: (847) 825-4404
www.villageofrosemont.org

FOR OFFICE USE ONLY
DATE:
AMOUNT:
CHECK #:
LICENSE #:

BUSINESS LICENSE APPLICATION

- 1. BUSINESS LICENSES WILL ONLY BE ISSUED AFTER INSPECTIONS HAVE BEEN MADE AND THE PREMISE COMPLIES WITH THE PROVISIONS AND TERMS OF THE BUILDING, ZONING, FIRE AND HEALTH AND LICENSING DEPARTMENTS.
2. PLEASE REMIT COMPLETED APPLICATION AND PAYMENT TO THE ABOVE ADDRESS.

TYPE OF BUSINESS OWNERSHIP: [] CORPORATION [] LLC [] LLP [] LP [] SOLE PROPRIETORSHIP [] PARTNERSHIP

BUSINESS CATEGORY: [] FOR-PROFIT [] NON-PROFIT [] ONLINE [] HOME-BASED

BUSINESS DESCRIPTION:

DESCRIBE THE PRODUCT OR SERVICES PROVIDED

CORPORATION INFORMATION
CORPORATE NAME
ADDRESS
CITY STATE ZIP
PHONE FAX EMAIL

BUSINESS INFORMATION
"DOING BUSINESS AS" NAME APPROX. DATE OF OCCUPANCY
ADDRESS
CITY STATE ZIP
PHONE FAX EMAIL
NUMBER OF FULLTIME EMPLOYEES NUMBER OF PART TIME EMPLOYEES

BILLING INFORMATION
BUSINESS NAME ATTN:
ADDRESS
CITY STATE ZIP
PHONE FAX EMAIL

LICENSES WILL NOT BE ISSUED UNLESS STATE AND FEDERAL TAX ID NUMBERS ARE PROVIDED.

A STATE OF ILLINOIS SALES USE TAX# IS REQUIRED FOR ALL (ILLINOIS AND NON-ILLINOIS BASED) LPs, LLPs, LLCs, CORPORATIONS AND NON-PROFIT CORPS.

ILLINOIS SALES USE TAX # [] [] [] [] - [] [] [] []
ASSIGNED BY THE ILLINOIS DEPARTMENT OF REVENUE AT
HTTP://TAX.ILLINOIS.GOV/BUSINESSES/REGISTER.HTM or (217) 785-3707

A FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) IS REQUIRED FOR ALL BUSINESSES

FEDERAL TAX ID # [] [] - [] [] [] [] [] [] []
ASSIGNED BY THE INTERNAL REVENUE SERVICE AT 230 S. DEARBORN ST., (312) 566-4912, OR
WWW.IRS.GOV/BUSINESSES>EMPLOYER ID NUMBERS (EINs)

OWNER INFORMATION		
PRESIDENT OR OWNER NAME		TITLE
HOME ADDRESS		
CITY	STATE	ZIP
PHONE	CELL PHONE	EMAIL

MANAGER INFORMATION		
NAME		TITLE
HOME ADDRESS		
CITY	STATE	ZIP
PHONE	CELL PHONE	EMAIL

EMERGENCY CONTACT INFORMATION (MUST BE 21 YEARS OR OLDER)		
NAME		TITLE
HOME ADDRESS		
CITY	STATE	ZIP
PHONE	CELL PHONE	EMAIL

EMERGENCY CONTACT INFORMATION (MUST BE 21 YEARS OR OLDER)		
NAME		TITLE
HOME ADDRESS		
CITY	STATE	ZIP
PHONE	CELL PHONE	EMAIL

ADDITIONAL INFORMATION	
RESTAURANT SEATING CAPACITY	SQ. FT.
NUMBER OF HOTEL ROOMS	
HOW MANY FOOD/BEVERAGE VENDING MACHINES?	
HOW MANY JUKEBOXES?	
HOW MANY COIN OPERATED AMUSEMENT MACHINES?	
DO YOU OWN VENDING MACHINES? <small>(A SEPARATE LICENSE MUST BE OBTAINED FOR VENDING MACHINES)</small>	IF NO, PROVIDE OWNERS NAME

I/WE HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION FOR A BUSINESS LICENSE IS TRUE AND CORRECT, FURTHER THAT ANY FALSE INFORMATION PROVIDED FOR IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE AS WELL AS ANY OTHER PENALTIES PROVIDED FOR BY LAW.

SIGNATURE _____ TITLE _____

DATE _____