



VILLAGE OF ROSEMONT

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

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

## BUSINESS LICENSE APPLICATION

- 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.
- 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 FILE # IS <b>REQUIRED</b> FOR ALL (ILLINOIS AND NON-ILLINOIS BASED) LPs, LLPs, LLCs, CORPORATIONSAND NON-PROFIT CORPS.		
<b>ILLINOIS SALES TAX ID #</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ASSIGNED BY THE ILLINOIS SECRETARY OF STATE AT 69 W. WASHINGTON ST., SUITE 1240, (312) 793-3380, OR WWW.MYTAX.ILLINOIS.GOV

A FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) IS <b>REQUIRED</b> FOR ALL BUSINESSES		
<b>FEDERAL TAX ID #</b>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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?

IF NO, PROVIDE OWNERS NAME

(A SEPARATE LICENSE MUST BE OBTAINED FOR VENDING MACHINES)

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 \_\_\_\_\_