



2 LAGOON DRIVE
HAWTHORN WOODS, ILLINOIS 60047
(847) 540-5222 – Office Phone
(847) 540-5221 - Fax

COMMERCIAL BUSINESS LICENSE APPLICATION – 2026

(Please complete and return both pages of this application)

Business Information:

Business Name (DBA): _____

Corporate Name (if different): _____

Business Address: _____

City/State/Zip: _____

Business Phone: _____

Business Fax No.: _____

Email Address: _____

APPLICANT INFORMATION:

☐ Sole Proprietor/Owner

☐ Partnership

☐ Corporation

☐ Franchise

CERTIFICATE OF REGISTRATION NUMBER UNDER THE ILLINOIS RETAILERS' OCCUPATION TAX, SERVICE OCCUPATION TAX AND/OR USE TAX: _____

Business Owner Information:

Name, Address, and Phone Number – Each Owner, Partner or Principal:

Name: _____

Address: _____

Phone No.: _____

Name: _____

Address: _____

Phone No.: _____

Name: _____

Address: _____

Phone No.: _____

License Information (if applicable):

If a restaurant, what is your seating capacity? _____. Do you have outdoor seating? _____

Do you have any vending machines? _____. If so, how many? _____

Signature:

I hereby apply for a permit to engage in the business identified on this Business License Application for the Village of Hawthorn Woods, Illinois. I hereby agree that if the permit is issued by the Village of Hawthorn Woods for operations as stated above, I shall comply with all Ordinances of said Village now in force and any others that may be enacted during the period of this permit.

I swear and affirm that the statements contained in this application are true and correct to the best of my knowledge and belief.

Signature of Business Owner/Applicant: _____ **Date:** _____

Village Clerk Signature: _____ **Date:** _____

Mayor Signature: _____ **Date:** _____

LICENSE NO: _____ **AMOUNT RECEIVED: \$** _____