## APPENDIX A: LICENSE APPLICATION FORM

VILLAGE OF MAZON

Application for Business License

Date: _____

The undersigned hereby makes application for a local business license under the ordinances of the Village of Mazon and makes the following statements of facts and representations in support of such application. This application is made on behalf of _____ and the place of

(Name of Business)

business to be _____.

Mazon, Illinois

1. Applicant's full name: _____ Date of birth: _____

Address of applicant: _____

Driver's license number: _____

Corporate FEIN# (if applicable) _____ Telephone number: _____

2. Full names of other partner(s) if applicable:_____

3. The character of my business is: _____

4. Length of time applicant has been engaged in this business is: _____

5. Have you been convicted of a felony within the last ten years? _____ yes _____ no

6. I certify that I have reviewed the licensing requirements and am not disqualified from receiving a license for any reason. _____ yes _____ no

7. Has a previous license issued by the State of Illinois or by the Federal Government ever been revoked? _____ yes _____ no

If yes, give reason: _____

8. Do you state you will not violate any of the laws of the State of Illinois, the United States and of the Ordinances of the Village of Mazon, Illinois, in the conduct of your business?

_____ yes _____ no

9. Is the business to be conducted by a manager or agent? _____ yes _____ no

If yes, supply name and address: _____

Phone number: _____ cell: _____

10. Do you own the premises wherein the business will be operated under the license applied for here? _____ yes _____ no

If no, attach a copy of the lease and answer the following:

Name and address of landlord:_____

Phone number of landlord: _____ cell: _____

Expiration date of lease: _____

11. Business License Fee: $25 Date fee paid: _____

DO NOT WRITE BELOW THIS LINE

* Was an inspection done on the location? _____ yes _____ no

* If yes, by whom? _____ Date: _____

Inspection notes:

_____

_____

_____

* Does the business listed above fit the description of a permitted use in the zoning classification for that location? _____ yes _____ no

* If NO, does it fall under a special use? _____ yes _____ no

(Inform zoning board of proper classification)

{'{'}{'}'}Application Accepted

{'{'}{'}'}Application Rejected. Why _____

Zoning Officer Signature: _____

{'{'}{'}'}Special Use Permit Required _____ Date _____

{'{'}{'}'}Special Use Permit Obtained

NOTES: _____

_____

_____

(Ord. 2010-04, passed 4-19-2010)