Village of Indian Head Park ILLINOIS

BUSINESS LICENSE APPLICATION

Applicant Information

Full Name: _____
Last *First* *M.I.*

Home Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Cell Phone: ( ) _____

Business Information

Business Name: _____

Business Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Business Phone: ( ) _____ Start Date : ____ / ____ / ____

Business Email: _____

Business Partnership Name: _____
(If applicable)

Total Square Footage : _____

Number of Employees: _____ Type of Business: _____

Hours of Operation: _____

Alarm System: ○ Yes or ○ No

Vending Machines: ○ Yes or ○ No

New Signage: ○ Yes or ○ No Signage Square Feet: _____

Signature of Applicant _____

PLEASE ATTACH A COPY OF STATE ISSUED I.D. OR STATE ISSUED DRIVERS LICENSE

AND A COPY OF THE LEASE WITHIN VILLAGE LIMITS, IF APPLICABLE.

OFFICE USE ONLY

Passed Pleasantview Fire Inspection: o Yes Passed Health Inspection: o Yes Passed Building Inspection: o Yes Business License Issued on: / /	Fee Paid:

APPROVED BY: _____ DATE: _____/_____/_____

Village of Indian Head Park Representative