



LARRY DOMINICK TOWN PRESIDENT

New Business License

Contractor Application

Please Print

DATE _____ 20 _____

**NO LICENSE WILL BE ISSUED WITHOUT COMPLETED FORM
NEW FORM REQUIRED EACH YEAR**

NAME OF BUSINESS _____ **NAME OF CORPORATION** _____

ADDRESS OF BUSINESS _____ **BUSINESS PHONE** _____
Street City / State Zip

BUSINESS E-MAIL _____

NAME OF BUSINESS OWNER _____ **HOME PHONE** _____

HOME ADDRESS _____
Street City/State Zip

☐ **SOLE OWNER** ☐ **PARTNERSHIP** ☐ **CORPORATION/NAME** _____

NAME OF INDIVIDUAL _____ **TITLE** _____

HOME ADDRESS _____ **HOME PHONE** _____
Street City/State Zip

I(We) hereby request that the Town of Cicero issue a business license based on the foregoing and swear the above statements are true and correct and that I(We) shall observe all the laws of the state of Illinois of the United States, and the ordinance of the Town of Cicero in the conduct of this business. Commercial properties must provide their own scavenger services.

(AS PART OF THIS APPLICATION A COPY OF THE CORPORATE ARTICLES OF INCORPORATION BE ATTACHED HERETO FOR CICERO BUSINESS ONLY)

APPLICATION MUST BE NOTARIZED

Sole Owner (Please Sign)

Corporation (President) (Please Sign)

Individual (Please Sign)

Corporation (Employee) (Please Sign)

Subscribed and sworn to before me this

_____ day of _____ 20 _____

Seal

(Notary Public)

**CHANGE OF OWNERSHIP MUST BE REPORTED TO BUSINESS LICENSE DEPT.
FAILURE TO DO SO WILL RESULT IN FINES AND CEASE OPERATION OF BUSINESS.**