



BUSINESS LICENSE RENEWAL APPLICATION

BUSINESS INFORMATION

Business Name/DBA	Phone Number
Address	Website
Mailing Address for municipal correspondence (if different than above)	Description of Services
Do you sell tobacco products or do you have a vending machine on the premises which dispenses tobacco products? <input type="checkbox"/> YES (if yes, a separate Tobacco License Application <u>must</u> be completed) <input type="checkbox"/> NO	
# of Employees: Full Time _____ Part Time _____ Illinois Dept. of Revenue Account I.D. _____ (Sales Tax I.D.)	

BUSINESS OWNER

Business Owner Name	Home Address of Owner
Owner's phone number	Email
Ownership (please select one) <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Not-For-Profit Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	

PROPERTY OWNER

Property information: (please select one) <input type="checkbox"/> Lease <input type="checkbox"/> Own	Name of Property Owner (if leased)
Property Owner's address	Property Owner's phone number

KEYHOLDER INFORMATION

ALL CONTACT NAMES AND NUMBERS MUST BE DIFFERENT (DO NOT INCLUDE BUSINESS NUMBER)

Primary Contact Name and Phone Number
Secondary Contact Name and Phone Number
Tertiary Contact Name and Phone Number

AGREEMENT

1. That the undersigned is empowered to prepare and sign this application on behalf of the applicant.
2. That the undersigned is not disqualified to receive a business license by any reason contained in the laws of this State, or the Ordinances of the Village.
3. That the undersigned will not intentionally violate any of the laws of the State of Illinois, or of the United States, including but not limited to the Americans with Disabilities Act, or any Ordinances of the Village of La Grange Park, in the conduct of the Applicant's place of business.
4. That the undersigned has reviewed this Application, and all attachments and submittals, and that the information contained herein is true and accurate.
5. That the undersigned agrees that the business phone number listed on this application may be included in the Village's emergency contact database unless the Village is otherwise notified in writing.

SIGNATURE

Signature	
Printed Name	
Date	