



A PROUD & PROGRESSIVE
VILLAGE FOR ALL PEOPLE

300 Civic Center Plaza
Glendale Heights, IL 60139
(630) 260-6000

VILLAGE OF GLENDALE HEIGHTS BUSINESS LICENSE / REGISTRATION APPLICATION

FOR OFFICE USE ONLY

Date Received _____

Amount \$ _____

License No. _____

PLEASE PRINT

Business Name: _____ Address: _____

Business Phone: _____ Sales Tax # _____ Federal ID # _____

IF SOLE OWNERSHIP:

Owners Name: _____ Date of Birth _____

Home Address: _____ City _____ State, Zip _____

Home Phone: _____ Drivers License Number _____

IF A PARTNERSHIP:

List Name, Home Address, Home Phone number of all partners: (If more space is needed list on separate sheet)

1. _____

2. _____

IF A CORPORATION:

List Names, Home Addresses, Home Phone numbers of each principal officer and the registered agent.

1. _____

2. _____

3. _____

4. _____

5. _____

BUILDING OWNER OR MANAGEMENT COMPANY:

Name: _____ Phone: _____

Address: _____

EMERGENCY KEY HOLDERS

List Name, Home Address and Home Phone of who to contact in case of emergency other than business owner.

1. _____

2. _____

Type of Business: _____ Square Footage: _____ Scavenger Service _____

Number of Vending Machines: Food _____ Drink _____ Snack _____ Cigarette _____

Number of Amusement Devices/Games etc. _____

I hereby certify that the statements contained herein are true and correct. I certify that I agree to abide by and comply with all rules, regulations and ordinances of the Village of Glendale Heights. Failure to do so could lead to license revocation and/or fine(s).

Applicant Signature _____

Title: _____