VILLAGE OF ORLAND PARK 14700 RAVINIA AVENUE ORLAND PARK, ILLINOIS 60462 APPLICATION FOR GENERAL BUSINESS LICENSE

PLEASE COMPLETE BOTH SIDES OF APPLICATION

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For information or questions, please call (708) 403-5300

Date of Application:		Opening Date:	Fee: \$	
Illinois Retailers Occupational Tax No	X	(Illinois Sales Tax Number)		
N of Position				
Name of Business:				
Address:				
City:	Sta	te:	Zip Code:	
Business Phone : ()		Emergency Phone:())	
Contact:	Contact E-Mail Address:			
MAILING ADI	DRESS IF D	DIFFERENT FROM A	BOVE	
Name:				
Address:				
City:	State: Zi p Code:		Zi p Code:	
Phone No.: ()	E-Ma	il Address:		
PARE	NT COMPA	NY MAIN OFFICE		
Name:				
Address:				
City:		State:	Zip Code:	
Phone No.: ()	E-Ma	il Address:		
Square Footage of All Areas:	Sq. Ft.	Restaurant Seating C	apacity:	
TYPE OF OWNERSHIP: () INDIVID	UAL () PARTNERSHIP	() CORPORATION	
Required Information	– License	will not be issued unle	ess completed!	
OWNER'S NAME:	PHONE NO.()			
HOME ADDRESS				
CITY	STA	ATE	ZIPCODE	
DRIVER'S LICENSE NO If more than one owner or partner, list all above				

Will you be selling Tobacco Products? YES () NO () Separate application and license is required.					
If a Corporation, please give name, address and telephone number of Registered Agent.					
REGISTERED AGENT	PHONE NO.()				
ADDRESS	CITY	STATE	ZIPCODE		
ARE PREMISES LEASED? YES ()	NO ()				
If yes, NAME OF OWNER:		PHONE NO	.()		
ADDRESS	CITY	STATE	ZIPCODE		
	BUSINESS STATUS				
CHANGE OF OWNERSHIP	NEW BUILDING	R	EMODELING		
NEW USE	RENEWAL	0	THER		
WILL BUSINESS BE MANUFACTURING, STORING OR SELLING ANY TYPE OF HAZARDOUS MATERIAL(S)? YES () NO ()					
MISCELLANEOUS INFORMATION X PLEASE COMPLETE ALL APPLICABLE SECTIONS					
Number of Mobile Foods Units:	Number of Bo	wling Alleys:			
VENDING MACHINES: Number of \$.01 to \$.15 Number of \$.15 or more Juke Box					
Number of Ice or Milk Number of Honor Boxes Other:					
NUMBER OF AUTOMATIC AMUSEMENT DEVICES: (Please attach sheet with serial numbers.)					
NUMBER OF FULL TIME EMPLOYEES: NUMBER OF PART TIME EMPLOYEES: GROSS ANNUAL RECEIPTS: \$					
Separate licenses are required for Massage Therapy and the Sale of Liquor. If applicable, please request the necessary applications.					
IT IS AGREED THAT AUTHORIZED INSPI	ECTIONS WILL BE ALLOV	WED AS PRESC	CRIBED BY ORDINANCE.		
SIGNATURE OF OW	VNER OR AGENT FOR O	WNER REQUI	IRED		