



VILLAGE OF CRESTWOOD  
 13800 SOUTH CICERO AVENUE  
 CRESTWOOD, ILLINOIS 60418  
 (708) 371-4800 OR FAX (708) 371-4849



## APPLICATION FOR COMMERCIAL BUSINESS LICENSE

PLEASE PRINT CLEARLY ALL INFORMATION ON 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.

|  |                          |          |
|--|--------------------------|----------|
| <b><u>Total Square Footage Fees:</u></b> | 2,500 sq. ft. or less    | \$150.00 |
|  | 2,501 sq. ft. to 7,499   | \$300.00 |
|  | 7,500 sq. ft. or greater | \$750.00 |

**Date of Application:** \_\_\_\_\_ **Opening Date:** \_\_\_\_\_

**Illinois Sales Tax Number:** \_\_\_\_\_ (Include copy of Certificate)  
 (must have a copy of Incorporation Papers)

**Type of Ownership:**            Individual                      Partnership                      Corporation

**Description of Business:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

*Please provide a mailing address below if different from the business address listed above.*

**Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### Parent Company Main Office

**Parent Company Name:** \_\_\_\_\_

**Parent Company Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



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*If a Corporation, please provide the name, address and phone number for the Registered Agent.*

Name of Registered Agent: \_\_\_\_\_

Registered Agent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Owner's Information

Owner's Name: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*If there are more than one owners/partners, provide the information requested above for each owner/partner in the "Additional Comments" section provided on the last page of the application.*

### Property Information

Are the premises leased?      No              Yes

*If Yes, provide the following information for the Property Owner;*

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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### Business Information

Number of Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_

Will the business be manufacturing, storing or selling any type of hazardous material(s)?

Yes                      No

### Emergency Contact Information

1. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Alarm & Safe Information

Alarm Type:            Burglar Alarm            Fire Alarm            Hold Up/Panic Alarm            No Alarm

Alarm Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is there a safe on site?            Yes            No

*If yes, please provide the location of the safe.*

Safe Location: \_\_\_\_\_



# Billable Items List

| Item Code | Item Code Description  | Item Qty. | Item Cost  | Amount |
|-----------|--|-----------|------------|--------|
| 1000      | <b>Juke Box</b>  |           | \$25.00    |        |
| 1001      | <b>Ice Machine</b>   |           | \$15.00    |        |
| 1002      | <b>Vending Machine</b><br><i>(Beverage, Snack, Candy)</i>                          |           | \$10.00    |        |
| 1003      | <b>Food Service / Snack Concession</b>   |           | \$25.00    |        |
| 1004      | <b>Pool Tables</b>   |           | \$25.00    |        |
| 1005      | <b>Dartboards</b>  |           | \$25.00    |        |
| 1006      | <b>Automatic Amusement Device</b><br><i>(Non-Video Device)</i>                     |           | \$25.00    |        |
| 1007      | <b>Cigarettes / Tobacco</b>  |           | \$15.00    |        |
| 1008      | <b>Red Box</b>   |           | \$25.00    |        |
| 1009      | <b>Money Machine</b>   |           | \$25.00    |        |
| 1010      | <b>Miscellaneous Items</b>   |           | \$25.00    |        |
| 1011      | <b>Rooms</b>   |           | \$25.00    |        |
| 1012      | <b>Video Gaming *</b><br><i>Cost needs to be split with the Terminal Operators</i> |           | \$250.00   |        |
| 1013      | <b>Above Ground Tanks</b>  |           | \$25.00    |        |
| 1014      | <b>Non-Amusement Annual Fee</b>  |           | \$1,000.00 |        |
| 1015      | <b>Non-Video Gaming Machines</b>   |           | \$125.00   |        |

**Billable Items Total :**

2,500 square feet or less :            \$150.00

2,501 square feet to 7,499 square feet :            \$300.00

7,500 square feet or more :            \$750.00

**Total Amount Due :**