



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.

<u>Total Square Footage Fees:</u>	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:** _____

Phone Number: _____

Parent Company Main Office

Parent Company Name: _____

Parent Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____



13800 S. Cicero Ave
Crestwood, IL 60418

Phone: (708) 371-4800
Fax: (708) 371-4849

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

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

Owner's Name: _____

Owner's Home Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License #: _____ Date of Birth: _____

Phone Number: _____

Signature: _____

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

*To use this form, enter the number of items in the column titled "**Item Qty.**", then press enter.
The total billable amount for the item quantity entered will automatically calculate in the column titled "**Amount**".*

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

Billable Items Total:

Business License Fees

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: