



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: _____

