

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

APPLICATION FOR COMMERCIAL BUSINESS LICENSE

PLEASE COMPLETE ALL INFORMATION 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.

Date of Application:	Opening Date:	Fee: \$
Illinois Sales Tax Number	X	(Include Copy of Certificate)
Total Square Footage:	2500 sq. ft. of Less	\$150.00 ()
	2501 sq. ft. to 7,499	\$300.00 ()
	7,500 sq. ft. of Greater	\$750.00 ()

(Restaurant Seating capacity: _____)

TYPE OF OWNERSHIP: () INDIVIDUAL () PARTNERSHIP () CORPORATION

(**Must** have a copy of Incorporation Papers)

Name of Business:		
Address:		
City:	State:	Zip code:
Business Phone: ()		Emergency Phone: ()
E-Mail Address		

MAILING ADDRESS IF DIFFERENT FROM ABOVE

Name:		
Address:		
City:	State:	Zip code:
Phone: ()		

PARENT COMPANY MAIN OFFICE

Name:		
Address:		
City:	State:	Zip Code:
Phone No.: ()		

(OVER)

REQUIRED INFORMATION
LICENSE WILL NOT BE ISSUED UNLESS COMPLETED!

OWNER'S NAME		
PHONE NUMBER ()		
HOME ADDRESS		
CITY	STATE	ZIP CODE
DRIVERS LICENSE NO.		DATE OF BIRTH
If more than one owner or partner, list all above requested information on a separate sheet and attach hereto.		

If a Corp. please give name, address and telephone of Registered Agent.

Registered Agent:	Phone No. ()	
ADDRESS:		
CITY:	STATE:	ZIP CODE:

PROPERTY INFORMATION

ARE PREMISES LEASED? YES () NO ()	
If yes, Name of Owner:	Phone No.()
Address:	City: State: Zip Code:

TYPE OF BUSINESS

Detailed description of business (required):
Will business be manufacturing, storing or selling any type of hazardous material(s)? Yes () No ()

MISC. INFORMATION - PLEASE COMPLETE ALL APPLICABLE SECTIONS

Number of Bowling, Dart Boards, Pool Tables, Etc. _____	
Juke Box _____	Selling tobacco Products Yes () No () By Machine? Yes () No ()
VENDING MACHINES: Pop, Candy, Etc. _____ Ice Machines _____	

NUMBER OF FULL TIME EMPLOYEES: _____ PART TIME EMPLOYEES: _____

IT IS AGREED THAT AUTHORIZED INSPECTIONS WILL BE ALLOWED AS PRESCRIBED BY ORDINANCE.

Signature of owner or agent for owner required

EMERGENCY CONTACT LISTING UPDATE

Please print clearly

Contact Information (Please list key holders in order of who to reach in an emergency):

(Local people with keys to building)

(List a minimum of 3 people)

1. Name: _____

Home: _____ Cell: _____

2. Name: _____

Home: _____ Cell: _____

3. Name: _____

Home: _____ Cell: _____

ALARM & SAFE INFORMATION : (Check all that apply)

Alarm type: () Burglar () Fire () Hold Up / Panic () None

Alarm Company: _____

Alarm Company Phone Number: _____

Is there a safe on site? () Yes () No

Location: _____

AUTHORIZATION TO OBTAIN RECORDS

I hereby authorize and consent to the Village of Crestwood's officials obtaining, receiving and reviewing any and all documents, records and files, including but not limited to, fingerprinting, court cases, arrest and conviction records.

Signature

Date

Thank You for choosing Crestwood

Billable items

Business Name _____

<u>Code</u>	<u>Description</u>	<u>Qty.</u>	<u>Cost</u>	<u>Amount</u>
1000	Juke Box		\$ 25.00	
1001	Ice Machine		\$ 15.00	
1002	Vending Machines Food-Pop-Candy		\$ 10.00	
1003	Food Service – Snack concession		\$ 25.00	
1004	Pool Tables		\$ 25.00	
1005	Dart Boards, Etc.		\$ 25.00	
1006	Automatic Non video Amusement Device		\$ 25.00	
1007	Cigarettes / Tobacco		\$ 15.00	
1008	Red Box		\$ 25.00	
1009	Money Order Machine		\$ 25.00	
1010	Misc. Items		\$ 25.00	
1011	Rooms		\$ 25.00	

Business License Fee: (Based on square footage of the business)	\$150.00 \$300.00 or \$750.00	
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Grand Total: _____