



Larry Dominick
Town President

Business Renewal

PLEASE PRINT
USE BALLPOINT PEN OR TYPEWRITER

APPLICATION FOR BUSINESS LICENSE

Date _____ 20____

TO THE LICENSE DEPARTMENT

TO BE FILED BY APPLICANT IF AN INDIVIDUAL, PARTNERSHIP OR CORPORATION.

The undersigned applies for a license to operate the following type of business _____

Check one:
 INDIVIDUAL
 PARTNERSHIP
 CORPORATION

NAME OF BUSINESS: _____ BUSINESS PHONE: _____

BUSINESS WEBSITE: _____ BUSINESS E-MAIL: _____

ADDRESS OF BUSINESS: _____
Street City Zip

NAME OF INDIVIDUAL / PARTNER: _____
Individual/Partner's Name: _____ Home Phone: _____

Home address: _____
Street City Zip No. Yrs. _____

Drivers Lic. No.: _____ E-mail Address: _____
PRIOR ADDRESS

Partners full name: _____ Home Phone: _____
Home address: _____
Street City Zip No. Yrs. _____

Drivers Lic. No.: _____ E-mail Address: _____
PRIOR ADDRESS

OTHER PARTNERS - Use separate sheet Illinois Business Tax #: _____

CORPORATION NAME: _____ STATE OF INCORPORATION: _____

BUSINESS NAME: _____
Name: _____ Home Address: _____
Home Ph.: _____ Title: _____ E-mail Address: _____
Name: _____ Home Address: _____
Home Ph.: _____ Title: _____ E-mail Address: _____
Name: _____ Home Address: _____
Home Ph.: _____ Title: _____ E-mail Address: _____

AS PART OF THIS APPLICATION, A COPY OF THE CORPORATE ARTICLES OF INCORPORATION BE ATTACHED HERETO FOR CICERO BUSINESS ONLY

Automatic Amusement Devices (Amt.) _____ Vend Mach. (Amt.) _____ Juke Box (Amt.) _____ Pool Table _____ No of persons employed or engaged (inc. owners) _____
Cigarette vend. Mach. (Amt.) _____ Tobacco Counter Sales _____ No. of Vehicles Used in Business _____ Seating Capacity _____ Square Foot Floor area _____ Parking Stalls _____ (if appl.)
Gallon Capacity _____ (if appl.)

(I) (We) hereby request that the Town of Cicero issue a business license based on the foregoing and swear the above statements are true and correct and that (I) (We) shall observe all the laws of the state of Illinois of the United States, and the ordinance of the Town of Cicero in the conduct of this business. Commercial properties must provide their own scavenger services.

APPLICATION MUST BE NOTARIZED

Corporation (President) (Please Sign) _____ Individual or Partner (Please Sign) _____
Corporation (Secretary) (Please Sign) _____ Partner (Please Sign) _____

APPROVED BY _____ Subscribed and sworn to before me this _____ day of _____, 20____
Date _____ (Notary Public)
Date _____ Date Issued: _____, 20____
Date _____ By _____

Any change of ownership must be reported to Licenses Office.