



TOWN OF CICERO

Business License Department

4949 W CERMAK ROAD • CICERO, ILLINOIS 60804 • 2ND FLOOR
708.656.3600 ext. 250, 253, 206 • FAX 708.656.0859

LICENSE APPLICATION AFFIDAVIT

ISMAEL VARGAS
BUSINESS LICENSE OFFICER

DATE: _____

I/WE _____, ON OATH, DEPOSE AND STATE AS
FOLLOWS:

1. That the above mentioned person is applying for a business license at

(Property address)
2. That the undersigned understands that filling out the application and submitting a \$125.00 non-refundable fee DOES NOT MEAN THE LICENSE IS APPROVED.
3. That the undersigned understands that a license WILL NOT BE ISSUED until:
 - a. All zoning requirements have been met
 - b. All inspections have been made and cleared
 - c. All forms have been filled out
 - d. All fees have been paid
4. That the undersigned understands that the opening of a business without a license will RESULT IN A FINE OF \$100.00 PER OFFENSE AND THAT EACH DAY SHALL CONSTITUTE A SEPARATE OFFENSE.

Affiant(s) Signature

MUST BE NOTARIZED

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20____.

NOTARY PUBLIC