



VILLAGE OF LOMBARD

255 E. Wilson Avenue
Lombard, IL 60148
630/620-5700

BUSINESS LICENSE APPLICATION

IF APPLICATION IS NOT FILLED OUT COMPLETELY, LICENSE WILL NOT BE ISSUED

License # _____

Business Name:		Business Location Address:		Business Phone Number:	
Mailing Address (if different from business location)			City, State and Zip		
Owner's Name		Driver's License #		Home Phone Number:	
Owner' Home Address:			City, State and Zip		
Emergency Contact:			Phone Number:		
Federal Tax ID #:			Check One: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
If a partnership or corporation, give legal name if other than business name:					

If this is a **corporation** and the stock of this applicant corporation is not listed on any exchange or sold publicly, or sold over the counter, give name, address, and telephone number of all stockholders of record holding 5 percent or more of stock.
If this is a **partnership**, give name, address, and telephone number of all partners. If additional space is needed, add a separate page.

Name		Title		Home Address	
City		State	Zip		Phone Number:
Name		Title		Home Address	
City		State	Zip		Phone Number:
Name		Title		Home Address	
City		State	Zip		Phone Number:

Does the Business have a security alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, alarm user permit is required)	
Name of Alarm Company:	

ANY CHANGES IN ABOVE INFORMATION REQUIRES IMMEDIATE NOTIFICATION

(over)

PLEASE INDICATE THE TYPE OF LICENSE(S) YOU ARE APPLYING FOR AND CALCULATE THE AMOUNT DUE
 PLEASE ENCLOSE A CHECK FOR THE TOTAL AMOUNT DUE FOR ALL LICENSES REQUIRED FOR YOUR
 ESTABLISHMENT. PLEASE MAKE CHECK PAYABLE TO THE VILLAGE OF LOMBARD.

License requested for	_____ Antique Dealer @ \$50.00/Yr.	TOTAL DUE Antique Dealer	\$_____
License requested for	_____ Auto Wreckers @ \$250.00/Yr.	TOTAL DUE Auto Wreckers	\$_____
License requested for	_____ Bowling Alley @ \$25.00/Lane	TOTAL DUE Bowling Alley	\$_____
License requested for	_____ Coin Operated Amusement Device 1-10 Devices @ \$200.00/Each	TOTAL DUE Coin Operated Devices	\$_____
License requested for	_____ Coin Operated Amusement Device 10 or more Devices @ \$2000.00 Plus \$75.00/Each over 10	TOTAL DUE Coin Operated Devices	\$_____
License requested for	_____ Farmers Market @ No Charge	TOTAL DUE Farmers Market	\$_____0.00
License requested for	_____ Filling Station @ \$250.00/Yr.	TOTAL DUE Filling Station	\$_____
License requested for	_____ Junk Yard @ \$250.00/Yr.	TOTAL DUE Junk Yard	\$_____
License requested for	_____ Motion Picture Theatre @\$350.00/Screen	TOTAL DUE Motion Picture Theatre	\$_____
License requested for	_____ Outdoor Restaurant Seating on Right of Way @ \$150.00/Yr	TOTAL DUE Outdoor Seating on Right of Way	\$_____
License requested for	_____ Pool Tables 2 Or less @ \$25.00/Yr.	TOTAL DUE Pool Tables	\$_____
License requested for	_____ Pool Tables more than 2 @ \$25.00/Table	TOTAL DUE Pool Tables	\$_____
License requested for	_____ Restaurant/Food Handler @ \$50.00/Yr.	TOTAL DUE Restaurant/Food Handler	\$_____
			Attach a copy of your DuPage County Health Permit
License requested for	_____ Second Hand/Junk @ \$50.00/Yr.	TOTAL DUE Second Hand/Junk	\$_____
License requested for	_____ Temporary License for Lilac Parade @ No Charge	TOTAL DUE Temporary License Lilac Parade	\$_____0.00
License requested for	_____ Tobacco Dealer (Over the Counter) @ \$150.00/Yr.	TOTAL DUE Tobacco Dealer	\$_____
License requested for	_____ Tobacco Dealer (Machine) @ \$150.00/Machine	TOTAL DUE Tobacco Dealer (Machine)	\$_____
TOTAL DUE FOR ALL LICENSES			\$_____

I hereby certify that the above information is complete, true and correct.

Signature of Applicant	Print or Type Applicant Name/Title	Date:
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Subscribed and sworn to
 before me this _____ day of

_____, 20____

 Notary Public