

VILLAGE OF BUFFALO GROVE
APPLICATION FOR BUSINESS LICENSE

NO. ISSUED: _____ APPLICATION DATE: _____

EXPECTED OPENING DATE: _____ INITIAL APPLICATION: _____ YES/NO

BUSINESS NAME: _____

ADDRESS _____

ADDRESS WHERE APPLICATION SHOULD BE SENT IF DIFFERENT FROM ABOVE _____

NAME OF MANAGEMENT COMPANY _____

BUSINESS TELEPHONE NO. _____ EMERGENCY TELEPHONE No. _____

FAX NO. _____ NUMBER OF EMPLOYEES _____

HOURS OF BUSINESS OPERATION _____ TOTAL SQUARE FOOT FLOOR AREA _____

ANNUAL FEE \$ _____ SALES OR OCCUPATION TAX No. _____

DOES YOUR BUSINESS OPERATE AT MORE THAN ONE LOCATION IN BUFFALO GROVE? _____

WHAT IS THE ADDRESS OF THE ADDITIONAL LOCATION(S)? _____

EMAIL ADDRESS: _____

TYPE OF BUSINESS

_____ Service, Retail, Wholesale, Warehouse, Office

_____ Hotel/Motel

_____ Food Establishment or Food Accessory***

_____ Industrial, Industrial with Food Processing, Research & Development

ALARM SYSTEM

_____ Burglar

_____ Fire

_____ Combined

*****IF FOOD/BEVERAGE ESTABLISHMENT, 1% TAX APPLIES – FORMS ARE NECESSARY**

OWNERSHIP OF BUSINESS

_____ OWNER OPERATED

_____ PARTNERSHIP OR FIRM

_____ CORPORATION

_____ LIMITED CORPORATION

If Applicant is an Individual, list Owner. If Applicant is a Corporation, list President. For all Applicants, list a Local Contact.

NAME _____ TITLE _____

LAST FIRST MI

ADDRESS _____

STREET CITY STATE ZIP

POSITION WITH BUSINESS _____ (Owner or Officer)

NAME _____ TITLE _____

LAST FIRST MI

ADDRESS _____

STREET CITY STATE ZIP

POSITION WITH BUSINESS _____ (Local Contact)

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONED UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES AND THE RESULTS OF ANY INSPECTION OF ABOVE PREMISES AT THIS TIME OR ANY SUBSEQUENT INSPECTION WHILE THIS LICENSE IS IN FORCE.

SIGNATURE _____ TITLE _____

(OVER)

SUPPLEMENTAL INFORMATION

COMPLETE THIS SECTION ONLY IF THERE ARE VENDING MACHINES OR IF TOBACCO IS SOLD AT THIS LOCATION.

ADDITIONAL LICENSES ARE REQUIRED AND CAN BE OBTAINED FROM THE VILLAGE CLERK.

TYPE OF MACHINE REQUIRING LICENSE

COIN OPERATED AMUSEMENT DEVICES

COIN OPERATED FOOD/BEVERAGE MACHINE

COIN OPERATED & OVER-THE-COUNTER SALE OF TOBACCO

NAME OF COMPANY RESPONSIBLE FOR OBTAINING SUPPLEMENTAL LICENSES
(OWNER/VENDING MACHINE COMPANY.) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FOR OFFICE USE ONLY

HEALTH DEPARTMENT - APPROVED _____ DATE _____

BUILDING DEPARTMENT - APPROVED _____ DATE _____

FIRE DEPARTMENT - APPROVED _____ DATE _____

FINANCE DEPARTMENT - APPROVED _____ DATE _____