

CITY OF HOMETOWN, ILLINOIS
APPLICATION FOR BUSINESS LICENSE

For any additional information please call City Clerks Office @ 424-7500

LICENSE ISSUED GOOD THRU APRIL 30

Firm Name _____

Address _____ City _____

Phone _____ Zip _____

Driver License Number of Owner: _____ Date of Birth _____

Sales or Occupational Tax No: _____ Emergency telephone No. _____

Type of Business _____

Service offered _____

Food served? Yes No Prepared on Premise? Yes No if yes, what equipment
used to prepare? _____

How many seats? _____ How many certified food handlers employed? _____

No. of Full-time Employees _____ Part-time Employees _____

You must complete this section:

Please check one:

Owner _____ Partnership _____ Limited Partnership _____ Corporation _____

Please list all other parties holding interest in above business:

Name, address, Phone Number

Name _____ Address _____ Phone _____

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

An invoice will follow upon approval from all inspection by each department.

Signature of Owner

Manager