

**CITY OF HOMETOWN, ILLINOIS
APPLICATION FOR BUSINESS LICENSE**

For any additional information please call City Clerk's Office @ 708-424-7500

LICENSE ISSUED GOOD THRU APRIL 30, 2024

Firm Name _____
(Sole Proprietor, Partnership, Limited Liability Company or Corporation)

Please check one;

Individual _____ Partnership _____ Limited Liability Company _____ Corprtation _____

Attach copy of Articles of Incorporation/Organization or most recently filed Annual Report (if Applicable)

Registered Assumed Name (d/b/a) _____

Business Address _____

Telephone _____ Fax _____

Email Address of Owner/Officer/Manager _____

Drivers License Number of Owner/Officer: _____ Date of Birth _____

Emergency Telephone No _____

FEIN _____ Sales or Occupational Tax No: _____

Type of Business _____

Service offered _____

Food Served? Yes _____ No _____ Prepared of 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 list all other parties holding ownership interests in above business:
Name, Address, Telephone Number and Email Address

Name _____

Address _____

Telephone _____

Email _____

Name _____
Address _____
Telephone _____
Email _____

Name _____
Address _____
Telephone _____
Email _____

Name _____
Address _____
Telephone _____
Email _____

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

Date: _____

Signature:

Signature:

Individual Owner/Partner

Corporation President/LLC Manager

Print Name

Print Name