CITY OF HOMETOWN, ILLINOIS
APPLICATION FOR BUSINESS LICENSE

For any additional information please call City Clerk's 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_____

Name _____ Address_____ Phone _____

Name _____Address _____Phone _____

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