



VILLAGE OF WESTERN SPRINGS
740 Hillgrove Avenue, Western Springs, IL 60558
708-246-1800 Fax: 708-246-0284

APPLICATION FOR BUSINESS LICENSE

- New – Business License Renewal – Business License
(Include Certificate of Inspection)

New Business License Fee	\$ 75.00
Renewal - Business License	\$ 75.00
Tobacco License Fee	\$125.00
Renewal – Tobacco License	\$125.00

Total Fee: \$_____

Section One: Business Information

Name of business: _____

Address of business: _____

Telephone number of business: _____

Illinois Retail Occupational Tax Number: _____

Description of business & all services rendered at this location:

Do you sell tobacco products?

Yes: _____

No: _____

Section Two: Emergency Contact

Managing Person:_____

After Hours Phone Number:_____

Address:_____

Section Three: Business Owner & Property Owner:

Name of Owner:_____

Home Address of Owner:_____

Home Phone Number of Owner:_____

Property Owner Name, Address & Phone Number:_____

Section Four: (Complete this section if invoices should be sent to another location – other than business address)

Home Office:_____

Address:_____

Telephone:_____

I / We, _____
(Owner(s) legal name (s))

Hereby request that a license to conduct the business of

(Type of Business)

At _____
(Address)

Western Springs, Illinois for the period beginning _____

And ending December 31, _____, be issued.

It is understood that representatives of the Village of Western Springs shall have permission to enter the above premises at any time when said premises are open to the public for the purpose of determining whether or not specific provisions of the Western Springs Municipal Code are being fulfilled.

(Company)

By: _____

Title: _____

Phone: _____

CERTIFICATE OF INSPECTION

I / We hereby certify that the premises described, are to be occupied by the Applicant as _____ the equipment contained therein, the persons employed therein, the sanitary and hygienic conditions, and all other matters relating to said business and pertinent to health and sanitation, have been inspected, and I/We hereby approve the aforesaid application.

(Health Inspector)

Remarks: _____

Date: _____