

BUSINESS LICENSE APPLICATION 901 Wellington Avenue Elk Grove Village IL 60007 (847) 357-4062

Company Name:			
Mailing Address:			
Walling Addicess.			
Phone:	Email:		
Business Owner			
Name:	_		
Address:			
Phone:	Email:		
Describe nature of business:			
Location of Business:			
(See Fee Schedule)			
License Code:	Qty:	Fee:	Total Due:
Signature/Title:	_		
	Incomplete applica	ations will be returned	d.
Office Use Only			
New:	Renewal:		Additional:
Account ID:			
Effective From:		Effective	То:
Licensing Officer:		Tag Num	ber(s):
Health Inspection:		Police Ins	spection:
Fire Inspection:		CD Inspe	ction:

Date License Released:

Liquor Lic to VC:

Please List Vending Machine Locations and/or Delivery Stops

A complete list of coin-operated vending machines, including location, is <u>required</u>. Food, tobacco and other coin-operated machines must be listed separately and accompany your application.

Stickers will be issued for all vending machines, amusement devices, fuel dispensing devices, dry cleaning machines, food vending vehicles and laundromats.

It shall be the duty of any person conducting a business in Elk Grove Village to display their business license or stickers in a conspicuous place at all times.

Citations will be issued for non-display.

If any of the machines listed below dispense Time/Temperature Control for Safety Foods.

Please check the box if applicable.

Type

Location/Stops

(Snack, Pop, Etc) **Company and Address** Quantity