



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

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**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 applications will be returned.*

Office Use Only	
<b>New:</b> <input type="checkbox"/>	<b>Renewal:</b> <input type="checkbox"/>
<b>Additional:</b> <input type="checkbox"/>	
<b>Account ID:</b> _____	
<b>Effective From:</b> _____	<b>Effective To:</b> _____
<b>Licensing Officer:</b> _____	<b>Tag Number(s):</b> _____
<b>Health Inspection:</b> _____	<b>Police Inspection:</b> _____
<b>Fire Inspection:</b> _____	<b>CD Inspection:</b> _____
<b>Liquor Lic to VC:</b> _____	<b>Date License Released:</b> _____

