

VILLAGE OF ROBBINS  
3327 West 137<sup>th</sup> Street Robbins, IL 60472  
(708) 385-8940 Fax: (708) 385-8949  
ANNUAL BUSINESS LICENSE APPLICATION

Date \_\_\_\_\_

New Business \_\_\_\_\_ Renewal \_\_\_\_\_

Type of Business Ownership:  Sole Proprietorship  Partnership  Corporation  LLC; LLP; LP  
 Other (Identify) \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Business E-Mail \_\_\_\_\_

Description of Business \_\_\_\_\_

State Tax ID \_\_\_\_\_ Federal ID \_\_\_\_\_

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Business Owner's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issuing Driver's License \_\_\_\_\_

IF YOUR BUSINESS HAS ADDITIONAL OWNERS, PARTNERS OR MANAGERS,  
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH ADDITIONAL OWNER,  
PARTNER OR MANAGER (Attach additional pages to the back of this page if necessary)

Owner, Partner or Manager's Name: \_\_\_\_\_

This Individual is an:  Additional Owner  Additional Partner  Additional Manager

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issuing Driver's License \_\_\_\_\_

Owner, Partner or Manager's Name: \_\_\_\_\_

This Individual is an:  Additional Owner  Additional Partner  Additional Manager

Home Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issuing Driver's License \_\_\_\_\_

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Number of Employees: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Number of Vehicles to be Used With this Business: \_\_\_\_\_

Business Hours: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Check here if there are food, beverage or tobacco vending machines, coin-operated devices, pool tables or musical devices onsite at your business. If yes, what type and how many?

Video Gaming/Video Poker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many?	_____
Food Vending Machines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many?	_____
Automatic Amusements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many?	_____
Cigarette Machine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many?	_____
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how many?	_____

Check here if there are hazardous or flammable materials stored on site. If yes, what type of materials and in what quantity. (Identify animals, hazardous materials or other items stored at the business address which may be encountered by police/fire personnel.)

\_\_\_\_\_  
\_\_\_\_\_

Name of Alarm Company Servicing the Business: \_\_\_\_\_  
Telephone # \_\_\_\_\_

Is There a Security Guard Checking the Premises?  Yes  No

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The information provided in this application is true and correct to the best of my knowledge and belief. I understand that if there are any changes in the information provided on this application, it is my responsibility to notify the Village of the correct information as soon as possible. I acknowledge that the issuance of this certificate upon compliance with Village ordinances and the results of any and all inspections. The requirement of this certificate of application is in addition to any business licensing requirements required per Village ordinance or through the State of Illinois.

I (We) hereby authorize a representative of the Village of Robbins and the Robbins Police Department to complete a background check that may include information regarding my background and reputation, financial status, and any criminal history records, including arrest records, for the purposes of determining my qualifications for obtaining a business license from the Village of Robbins.

I (We) understand that by signing this document, any and all information obtained as a condition of applying for said business license, shall remain the sole property of the Village of Robbins, and shall only be sued within the context of this application.

Owner/Partner/Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed Name and SIGNATURE Required)

Owner/Partner/Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed Name and SIGNATURE Required)

Owner/Partner/Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed Name and SIGNATURE Required)

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For Office Use Only

NEW Business License #  RENEWAL Business License #

Business License Issued on: \_\_\_\_\_

Approved By: \_\_\_\_\_