



VILLAGE OF ROBBINS
3327 W. 137TH STREET
ROBBINS, ILLINOIS 60472
(708) 385-8940

APPLICATION FOR BUSINESS LICENSE

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable.

New Business _____ Renewal _____ Date _____

Type of Business Ownership: () Individual () Partnership () Corporation () Other _____
(Must have a copy of Incorporation Papers)

Business Name _____

Address _____

Mailing Address (if different than above) _____

Business Phone # _____ Fax # _____ Emergency Phone # _____

E-Mail Address _____

Description of Business _____

State Tax ID _____ Federal ID _____

Property Information

Are premises leased? () Yes () No

If yes, Name of Owner: _____ Phone No. _____

Address: _____ City: _____ State: _____ Zip Code: _____

REQUIRED INFORMATION, LICENSE WILL NOT BE ISSUED UNLESS COMPLETED!

Business Owner's Name _____

Home Address _____

City _____ State _____ Zip Code _____

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

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: _____

Make: _____ Model: _____ Plate # _____

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	() Yes	() No	If so, how many? _____
Food Vending Machines	() Yes	() No	If so, how many? _____
Automatic Amusements (ie: arcade, jukebox)	() Yes	() No	If so, how many? _____
Other _____	() Yes	() No	If so, how many? _____

() Check here if there are hazardous or flammable materials stored, manufactured or sold 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 # _____

Alarm type: () Burglar () Fire () Hold up/Panic () None

Is there a Security Guard checking the premises? () Yes () No

EMERGENCY CONTACT LISTING UPDATE
 PLEASE PRINT CLEARLY

Contact Information (Please list key holders in order of who to reach in an emergency):

1. Name: _____
 Home number: _____ Cell Number: _____
2. Name: _____
 Home number: _____ Cell Number: _____
3. Name: _____
 Home number: _____ Cell Number: _____



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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 and consent to the Village of Robbins' officials obtaining, receiving and reviewing any and all documents, records and files, including but not limited to, fingerprinting, court cases, arrest and conviction records, for the purpose 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 used 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)

For Office Use Only

() NEW Business License

() RENEWAL Business License

Business License issued on: _____

Approved By: _____