

VILLAGE OF BANNOCKBURN

2275 Telegraph Road Bannockburn, IL 60015

Telephone (847) 945-6080 Fax (847) 945-6538

Name _____

Address _____
 Bannockburn, IL 60015

Please complete this application, and return it with fee prior to beginning operation. Please call for the fee – varies by business classification

Please provide the location **and** business, occupation or activity to be licensed:

Type of Applicant: Individual ___ Club ___ Partnership ___ Corporation ___

Each applicant signs on page 2.

Partnership: Provide information for each partner or person entitled to share in profits, as well as information regarding the Partnership when applicable.

Corporation: Provide information for each officer and for each stockholder owning or entitled to 5% or more of the total issued stock, as well as information regarding the Corporation when applicable, and a copy of the articles of incorporation. If a foreign corporation, provide documentation of authorization to conduct business in Illinois.

Club: Provide information for each director and member entitled to vote 5% or more of the total membership, as well as information regarding the Club when applicable.

Office Telephone Number _____ Office Fax Number _____

Primary Business Contact Name & Title _____

If Different From Above

Corporate Office Address _____

Corporate Office Telephone Number _____

	Yes	No
Does your business, occupation or activity:		
Sell cigarettes, tobacco or tobacco products?	_____	_____
Sell alcoholic beverages?	_____	_____
Operate vending machines?	_____	_____
Operate automatic dry cleaning machines?	_____	_____
Offer food service?	_____	_____
Sell or offer prepared food for consumption on or off the premises?	_____	_____
Sell or offer food or food products intended for off premise preparation?	_____	_____
Sell live animals or plants?	_____	_____
Any “YES” responses above necessitate completion of the Supplemental Business License Application. Please contact Linda McCulloch at (847) 945-6080 so that one can be faxed or mailed.		

If you have any vending machines, please provide the name of the vending company.

Does your business collect Illinois sales tax?	Yes	No
Are you willing to provide the amount of sales tax collected on an annualized basis?	Yes	No

Is your business, occupation or activity a:

Barber Shop?	Please state number of chairs	_____
Self Serve Laundry?	Please state number of machines	_____
Hotel or Motel?	Please state number of rooms/units of accommodation	_____

The applicant agrees that the Primary Business Contact is an agent for the applicant for the purposes of receiving all notices and communications under the Bannockburn Licensing Ordinance, Ordinance No. 85-17, as amended. The applicant also agrees and understands that the Village shall not be limited or estopped to serve citations or process upon such persons and in such manner as permitted by law.

The applicant and the applicant's officers, principals, and agents understand and agree to all applicable provisions of the Bannockburn Licensing Ordinance, including the Section 1-110 requirement that the applicant shall agree to permit authorized Village officials to make any necessary inspections and take any necessary samples to determine whether the applicant-licensee has complied with all regulatory requirements.

The applicant further states that the applicant has complied with all applicable federal and state laws and local ordinances applying to the business, occupation or activity sought to be licensed.

Dated at Bannockburn, Illinois this _____ of _____, 20_____.

I (we) certify that the information contained in the above and attached sheets are true to the best of my (our) knowledge.

Signature(s) of Applicant(s)

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Provide additional signature sheets if needed.