

CITY OF HICKORY HILLS

8652 West 95th Street
Hickory Hills, IL 60457
PHONE (708) 598-4800 – FAX (708) 430-6245

APPLICATION FOR BUSINESS LICENSE

New Business New Owner Renewal Prospective Opening Date: _____

Business Name _____

Business Address _____ City _____ State _____ Zip _____

Business Phone # _____ Business Fax # _____

Email _____ Website _____

Type of Ownership: Individual Partnership Corporation

Corporate Name (if applicable) _____

Corporate Address _____ City _____ State _____ Zip _____

Corporate Phone # _____ Corporate Fax # _____

Business Owner:

Name of Business Owner _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Driver's License # _____

Partnership: (If a partnership, co-owner's information is needed as well)

Name of Business Owner _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Driver's License # _____

Billing/Alternate Address (if different than business address above):

Address _____ City _____ State _____ Zip _____

Are the Premises Owned or Leased? Owned Leased

Name of Premises Owner _____

Address _____ City _____ State _____ Zip _____

Phone # _____

Principal Business Activity: _____

Secondary Business Activity: _____

Federal Employer I.D. # _____ Illinois Sales Tax # _____

Does your business require a local, state or federal license of any kind other than a general business license?

Yes No

If yes, attach a copy of each required license.

Number of total parking spots _____

Number of employees _____

Number of seats (if applicable) _____

Elevators: Yes No How Many? _____

Square footage of premises _____

Does your business sell or serve food products? Yes No

If yes, please provide the following:

NAME OF SANITATION LICENSE HOLDER

LICENSE NUMBER

EXPIRATION DATE

Does your business sell cigarettes? Yes No

If yes, please indicate which type: Over the counter Machine

Coin-operated, Electronic Amusement, Vending Machines or Video Gaming Yes No

Will there be pool table(s) on the premises? Yes No If so, how many? _____

If yes, please provide the following:

Type of Vending/Coin-Operated Machine

Cost to use Machine

Quantity

If business does not own machines, please provide name and address of vending company:

I/We hereby certify that all of the information contained in this application for a Business License is true and correct. Further, that any false information provided for in this application shall be grounds for revocation of the license as well as any other penalties provided for by law.

In addition, the undersigned herewith makes application for license to conduct such business as is hereafter designated in the City of Hickory Hills in accordance with the Police Regulations and Ordinances of said City now in force and any others that may be enacted during the duration of the license. If you are responsible for water/sewer charges at this business, a \$100.00 deposit is required.

Name of Applicant (please print)

Applicant's Signature

Title

Date

FOR OFFICE USE ONLY

Inspection	Approved By:	Date Approved
Building Department		
Health Department		
Public Works		

Board Approval _____

Date _____

License Issued By _____

Date _____

License Fee Received _____

Period Covered: Full Year Partial

License Number _____