

**CITY OF HICKORY HILLS**

8652 West 95<sup>th</sup> 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 # \_\_\_\_\_

Business 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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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**

<b>Inspection</b>	<b>Approved By:</b>	<b>Date Approved</b>
Building Department		
Health Department		
Public Works		

Board Approval \_\_\_\_\_

Date \_\_\_\_\_

License Issued By \_\_\_\_\_

Date \_\_\_\_\_

License Fee Received \_\_\_\_\_

Period Covered:    Full Year    Partial

License Number \_\_\_\_\_