

VILLAGE OF ROSEMONT
APPLICATION FOR
CERTIFICATE OF BUSINESS REGISTRATION

HEALTH AND LICENSE DEPARTMENT
9501 W. DEVON AVE.
ROSEMONT, IL 60018
TX. 847-823-1159
FAX 847-823-0166

LICENSE # _____

FEE 50.00

Please complete the following information. (Please print)

Name of Business _____

Nature of Business _____

Rosemont Address _____ Suite # _____ Sq.Ft. _____

Business Phone _____ Business Fax _____

Number of Employees Full Time _____ Part Time _____

Corporate Name _____

Billing or Corporate Address _____

City _____ State _____ Zip Code _____

ALL OWNERSHIP INFORMATION MUST BE SUBMITTED PRIOR TO LICENSE BEING ISSUED

Is Applicant – An Individual _____ Partnership _____ Association _____

Corporation - Public _____ Private _____ LLC _____

If applicant is an individual, list owner.

If application is a privately held corporation, partnership or association list all principal officers.

If applicant is a publicly held corporation list President, Vice President, Secretary and Treasurer.

Owner/President Name _____ Position _____

Home/Corporate Address _____ City _____

State _____ Zip Code _____ Phone # _____

If there are additional partners or principals, attach the additional information on a separate sheet.

Information on Local Manager of Business:

Name _____ Position _____
Home Address _____ City _____
State _____ Zip Code _____ Home Phone _____

Emergency Contact Information

Emergency Contact Individuals: (Must be 21 years or older)

Name: _____
Address: _____

City, State, Zip

Name: _____
Address: _____

City, State, Zip

Phone # _____

Phone # _____

Cell Phone # _____

Cell Phone # _____

Alarm Company Information

Name _____ Type of Alarm _____

Address _____

Insurance Record

Insured By (Company & Agent) _____ Phone _____

Address _____ City _____ State & Zip _____

Vending Machine (A separate license must be obtained for all coin-operated machines)

If there are vending machines(s) at this locations please provide the following information.

Type: _____ How many: _____

Name of Vending Company: _____

Address: _____ City: _____ State: _____

Phone # _____

Signature _____

Title _____ Date _____