



9501 W. Devon Ave.  
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# APPLICATION FOR VENDING LICENSE

License No. \_\_\_\_\_

Fee \_\_\_\_\_

Date Approved \_\_\_\_\_

▲ FOR OFFICE USE ONLY ▲

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

NAME OF OFFICE CONTACT PERSON \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ILLINOIS SALES OR OCCUPATIONAL TAX NO. \_\_\_\_\_

Is Applicant:  An Individual  Partnership  Association

If a Corporation:  Public  Private

If Applicant is an Individual, list Owner only

If Applicant is a Privately Held Corporation, Partnership, or Association, list all Principal Officers

If Applicant is a Public Held Corporation, list President, Vice President, Secretary and Treasurer

Owner/President Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City & State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Position With Firm \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License No. \_\_\_\_\_

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

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

Has the Owner, Manager, or any Officer ever been arrested or convicted of any Felony, or Misdemeanor, involving a Moral Judgement? If the answer is "yes", explain: \_\_\_\_\_

Has the Business ever had a previous license, or application, for license denied, revoked, or suspended by any local government, or by any State or subdivision thereof? If the answer is "yes", explain: \_\_\_\_\_

**FEE SCHEDULE**

**AMUSEMENT MACHINE**

- Juke Box \$100
- Video Game \$50
- Pool Table \$50
- Dart Game \$50

Other:

- Cigarette Machine \$100

**AUTOMATIC VENDING MACHINES**

(Including sandwich, soda, snack, coffee, milk, ice cream, bulk nuts, bulk candy & novelties.)

**If item is sold for 50 cents or less, the fee is \$20.**

**If item is sold for 51 cents or more, the fee is \$50.**

\_\_\_\_\_ Number of machines 50 cents or less

\_\_\_\_\_ Number of machines 51 cents or more

**MACHINE LOCATION**

ADDRESS	FLOOR OR ROOM	TYPE OF MACHINE	HOW MANY
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I/We understand the issuance of this license is conditional upon compliance with all Village Ordinances, State & Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while this license is in force. I/We hereby authorize the Village of Rosemont by its agents to make inquiries into my/our character, credit and background, in order to approve or deny this license application. I have read this application and answered all questions fully, the information I/We have submitted in this application is complete and truthful to the best of my knowledge.

**Fee Must Accompany this application**

Signature of owner or agent \_\_\_\_\_ Position with Firm \_\_\_\_\_

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Sticker No. \_\_\_\_\_