

**VILLAGE OF ROSEMONT**  
**APPLICATION FOR BUSINESS LICENSE**

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

LICENSE # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
FEE \_\_\_\_\_

**BUSINESS INFORMATION**

1. The license will only be issued after inspections have been made and the premise complies with provisions and terms of the Building, Zoning, Fire and Health and Licensing Departments. Approximate date of occupancy \_\_\_\_\_.
2. Send your check with this application payable to the "Village of Rosemont" to the above address.

**Please complete the following information. (Please print)**

Name of Business \_\_\_\_\_  
Nature of Business \_\_\_\_\_ (If Hotel # of rooms) \_\_\_\_\_  
Rosemont Address \_\_\_\_\_ Suite # \_\_\_\_\_ Sq.Ft. \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Number of Employees Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
Ill. Tax I.D. Number \_\_\_\_\_ Federal Tax I.D.# \_\_\_\_\_  
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 \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Home/Corporate Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

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

