



**VILLAGE OF ROSEMONT**  
 Health & Licensing Department  
 9501 West Devon Avenue, 2<sup>nd</sup> Floor  
 Rosemont, Illinois 60018  
 Phone: (847) 825-4404  
 www.villageofrosemont.org

VILLAGE OF ROSEMONT

FOR OFFICE USE ONLY

DATE: \_\_\_\_\_  
 AMOUNT: \_\_\_\_\_  
 CHECK #: \_\_\_\_\_  
 LICENSE #: \_\_\_\_\_

## CERTIFICATE OF REGISTRATION

1. PER VILLAGE OF ROSEMONT ORDINANCE NO. 2005-11-2, EACH TENANT SHALL ANNUALLY REGISTER WITH THE VILLAGE OF ROSEMONT DURING THE MONTH OF JANUARY BY COMPLETING AND FILING THIS REGISTRATION FORM.
2. PLEASE REMIT COMPLETED APPLICATION AND PAYMENT TO THE ABOVE ADDRESS.

TYPE OF BUSINESS OWNERSHIP:  CORPORATION  LLC  LLP  LP  SOLE PROPRIETORSHIP  PARTNERSHIP

BUSINESS CATEGORY:  FOR-PROFIT  NON-PROFIT  ONLINE  HOME-BASED

BUSINESS DESCRIPTION: \_\_\_\_\_  
 DESCRIBE THE PRODUCT OR SERVICES PROVIDED

### CORPORATION INFORMATION

CORPORATE NAME

ADDRESS

CITY STATE ZIP

PHONE FAX EMAIL

### BUSINESS INFORMATION

"DOING BUSINESS AS" NAME

APPROX. DATE OF OCCUPANCY

ADDRESS

CITY STATE ZIP

PHONE FAX EMAIL

NUMBER OF FULLTIME EMPLOYEES

NUMBER OF PART TIME EMPLOYEES

### BILLING INFORMATION

BUSINESS NAME

ATTN:

ADDRESS

CITY STATE ZIP

PHONE FAX EMAIL

LICENSES WILL **NOT** BE ISSUED UNLESS STATE AND FEDERAL TAX ID NUMBERS ARE PROVIDED.

A STATE OF ILLINOIS SALES USE TAX# IS **REQUIRED** FOR ALL (ILLINOIS AND NON-ILLINOIS BASED) LPs, LLPs, LLCs, CORPORATIONS AND NON-PROFIT CORPS.

ILLINOIS SALES USE TAX #

-

ASSIGNED BY THE ILLINOIS DEPARTMENT OF REVENUE AT  
[HTTP://TAX.ILLINOIS.GOV/BUSINESSES/REGISTER.HTM](http://tax.illinois.gov/businesses/register.htm)

A FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) IS **REQUIRED** FOR ALL BUSINESSES

FEDERAL TAX ID #

-

ASSIGNED BY THE INTERNAL REVENUE SERVICE AT 230 S. DEARBORN ST., (312) 566-4912, OR  
[WWW.IRS.GOV/BUSINESSES>EMPLOYER ID NUMBERS \(EINS\)](http://www.irs.gov/businesses/employer_id_numbers/eins)

**OWNER INFORMATION**

PRESIDENT OR OWNER NAME

TITLE

HOME ADDRESS

CITY

STATE

ZIP

PHONE

CELL PHONE

EMAIL

**MANAGER INFORMATION**

NAME

TITLE

HOME ADDRESS

CITY

STATE

ZIP

PHONE

CELL PHONE

EMAIL

**EMERGENCY CONTACT INFORMATION (MUST BE 21 YEARS OR OLDER)**

NAME

TITLE

HOME ADDRESS

CITY

STATE

ZIP

PHONE

CELL PHONE

EMAIL

**EMERGENCY CONTACT INFORMATION (MUST BE 21 YEARS OR OLDER)**

NAME

TITLE

HOME ADDRESS

CITY

STATE

ZIP

PHONE

CELLPHONE

EMAIL

**ADDITIONAL INFORMATION**

RESTAURANT SEATING CAPACITY

SQ. FT.

NUMBER OF HOTEL ROOMS

HOW MANY FOOD/BEVERAGE VENDING MACHINES?

HOW MANY JUKEBOXES?

HOW MANY COIN OPERATED AMUSEMENT MACHINES?

DO YOU OWN VENDING MACHINES?

IF NO, PROVIDE OWNERS NAME

(A SEPARATE LICENSE MUST BE OBTAINED FOR VENDING MACHINES)

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.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_