

# Village of Stickney Application for Business License

OFFICIAL USE ONLY I	Fee Desc:
License# _____	Annual Fee \$ _____
Date Paid _____	Amount Paid \$ _____
Check# _____	Expiration Date _____
Bond Number _____	Expiration Date _____
Certificate of Insurance _____	

Name of Business \_\_\_\_\_

LICENSE APPLICATION FOR THE PERIOD OF JANUARY 1 TO DECEMBER 31,  
TO: VILLAGE OF STICKNEY  
COOK COUNTY, ILLINOIS

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A LICENSE TO CONDUCT  
THE BUSINESS OF (Type of Business) \_\_\_\_\_

**I. IN THE VILLAGE OF STICKNEY PURSUANT TO ORDINANCES IN SUCH CASE PROVIDED:**

- 1. Name of Applicant:** \_\_\_\_\_
- 2. Fed ID or Social Security Code of Applicant:** \_\_\_\_\_
- 3. Illinois Sales Tax Registration Number** \_\_\_\_\_

\*\*\* A copy of the tax registration must accompany this application. \*\*\*

**II. IF LICENSEE IS A SOLE PROPRIETORSHIP, PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THE OWNER.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_

**III. IF LICENSEE IS A PARTNERSHIP, PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THE OWNERS.**

Co. Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_

Co. Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_

**IV. IF LICENSEE IS A CORPORATION, PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THE OWNERS.**

Co. Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_

Co. Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_

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**V.** THE FOLLOWING SECTION TO BE FILLED OUT IF THE BUSINESS IS A CORPORATION.

**1. STATE OF CORPORATION:** \_\_\_\_\_

**2. DATE OF CORPORATION:** \_\_\_\_\_

**VI.** LOCATION OF PREMISES WHERE BUSINESS IS TO BE OPERATED.

Co. Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_

**VII.** LIST MAILING ADDRESS AND PHONE NUMBER OF BUSINESS..

Co. Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_

**VIII.** IF LICENSEE HAS NO OWNER, PARTNER, OR OFFICER RESIDING WITHIN THE VILLAGE OF STICKNEY, OR NO REGISTERED AGENT RESIDING OR HAVING AN OFFICE WITHIN THE VILLAGE OF STICKNEY, PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF A PERSON AUTHORIZED TO RECEIVE NOTICE AND/OR LEGAL PROCESS, INCLUDING SUMMONSES, ON BEHALF OF THE LICENSED BUSINESS WHO EITHER RESIDES WITH THE VILLAGE OF STICKNEY OR WHOSE DUTIES REQUIRE HIM OR HER TO BE UPON THE LICENSED PREMISES DURING NORMAL BUSINESS

Co. Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_

**IX.** LIST EMERGENCY CONTACT PERSON AND PHONE NUMBER FOR EMERGENCIES AFTER BUSINESS HOURS. THIS INFORMATION WILL BE FURNISHED TO THE STICKNEY POLICE DEPARTMENT.

Co. Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_

**X.** HAS APPLICANT BEEN ISSUED A BUSINESS LICENSE BEFORE: \_\_\_\_\_

**1. TYPE OF BUSINESS:** \_\_\_\_\_

**2. PLACE OF BUSINESS:** \_\_\_\_\_

**XI.** HAS APPLICANT HAD A BUSINESS LICENSE CANCELLED, SUSPENDED OR REVOKED BEFORE.: \_\_\_\_\_

**1. WHERE:** \_\_\_\_\_

**2. STATE REASONS** \_\_\_\_\_

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I \_\_\_\_\_ ON \_\_\_\_\_,  
(APPLICANT) (DATE)

DULY DEPOSES AND SAYS THAT HE IS THE APPLICANT, HAS READ THE ABOVE AND FOREGOING APPLICATION AND KNOWS THE CONTENTS HEREOF, AND THAT THE SAME AND THE FACTS THEREIN ARE TRUE.

\_\_\_\_\_  
(Applicant Signature)

STATE OF ILLINOIS}

SS

COUNTY OF COOK}

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public