

VILLAGE OF LA GRANGE

53 South La Grange Road
La Grange, IL 60525

APPLICATION FOR: BUSINESS LICENSE: _____ REGISTRATION: _____
(Applicant must provide copy of State registration.)

New: _____ Address Change: _____ Name Change: _____

I/We, the undersigned, hereby make application for license or registration under and by virtue of the Ordinances of the Village of La Grange for conducting a business.

SECTION A: INFORMATION REGARDING BUSINESS

Name of Business: _____

Corporation: _____ Partnership: _____ Proprietorship: _____

Federal Tax ID #: _____ IL Retail Sales Tax #: _____

(Business license cannot be issued without the above numbers.)

La Grange Address: _____

Telephone Number: _____ E-Mail Address: _____

Date Founded: _____ Hours of Operation: _____

Full Description of Business: _____

No. of Employees: _____ Full-time: _____ Part-time: _____

No. of Company Vehicles: _____

Owner or Agent Name and Address: _____

Manager Name and Address: _____

_____ Telephone: _____

Owner Telephone: _____ Owner Driver=s License : _____

Manager Telephone: _____ Manager Driver=s License : _____

Property Owner Name and Address: _____

_____ Telephone: _____

Sq. Feet: _____ Rental Rate: _____ Lease Expires: _____

Length of time in business: _____

Other businesses owned/location: _____

Have you ever made a previous application to the Village of La Grange? Yes ____ No ____

If so, describe circumstances: _____

Have you ever made a previous application to another municipality? Yes ____ No ____

If so, describe circumstances: _____

Have you ever had a business license denied, revoked, or suspended? Yes ____ No ____

If so, describe circumstances: _____

Have you ever been convicted of a felony or of any violation of any federal or State of Illinois or other state law or regulation? Yes ____ No ____

If so, describe case and outcome: _____

SECTION B: EMERGENCY INFORMATION

Name of Emergency Contact:

1st Call Name: _____ Cell # _____

2nd Call Name: _____ Cell # _____

3rd Call Name: _____ Cell # _____

4th Call Name: _____ Cell # _____

After hours telephone: _____

Title: Manager: _____ Owner: _____ Partner: _____ President: _____

Birth Date of Emergency Contact: _____

Social Security Number: _____

Driver's License Number: _____

I/we, the undersigned, affirm that the above statements are true; that I/we am/are authorized to sign this document on behalf of this business; that I/we agree to the special condition(s) noted above, if any; that I/we am/are familiar with and agree to abide by the ordinances of the Village of La Grange which apply to this business; and that I/we understand that any violation of said ordinances or conditions of any license may result in suspension or revocation of this license or registration and imposition of other penalties as may be provided by ordinance. I/we swear (or affirm) that I/we will not violate any of the ordinances of the Village of La Grange or the laws of the State of Illinois or of the United States of America in the conduct of the place of business described herein.

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Date: _____



FOR ADMINISTRATIVE USE ONLY

FEES

Business License: \$ _____ Zoning District: _____

Vending License: \$ _____ SIC Code: _____

Amusement License: \$ _____

Tobacco License: \$ _____

TOTAL FEES: \$ _____ Receipt No. _____

Date Received: _____

Approved: _____

Denied: _____

SECTION C: SPECIAL CONDITIONS OR DENIAL COMMENTS

Requires further investigation: _____

Referred for follow-up to: _____

Approval: _____
Community Development Director

Date: _____

Approval: _____
Village Manager

Date: _____

Revised 07/2003
Revised 06/2009