

## Village of Dolton Business License Application

Mayor Ríley H. Rogers

14122 Chicago Rd, Dolton, Illinois 60419 Phone: 708.201.3296 Fax: 708.201.3233

Check One:Renewal	New BusinessCh	nange of Business A	ddress	
Name of Business:				
Business Address:				
(Cannot be a P.O. Box) Street	Apt/Unit	City	State	Zip
Mailing Address:				
(Cannot be a P.O. Box) Street	Apt/Unit	City	State	Zip
Phone Number: ( )Fax l	Number: ( )	Email:		
(LL. Dept. of Revenue (IBT #):	FEIN#:			
Ownership Type: Sole Corporation	PartnershipFamily _	LLC/LLPO	ther	
Type of Business you are applying for (be spec	ific, e.g. restaurant etc.) _			
Hours of Operation: Mon-FriSat	Sun# of Ful	l Time Employees	s# Part-t	ime
Emergency Contact	Number:			
Emergency Contact	Num	ber:		
Does Business Have Garbage Service?	YesNo If yes, Co	ompany		
Alarm System on Premises:YesNo l	If yes, List Monitoring Co	ompany		
Fire System on Premises:YesNo				
OWNER'S INFORMATION: Name:		Other:	Lic	
Home Address	City/State/Zip			
Phone:Fax	Cell:	Ema	il:	
Driver's License or State ID #:				
Vending Machines: Type Coin Slot	Vendor Name	Address	Pho	ne
I understand that the issuance of this license is conditioned upon confidence of the above premises, and any subsequent inspection while this license is ownership or incorporation, I will dutifully notify the Village of Dolpending a hearing on charges of violations of the Dolton Municipal	ense is in force, I further understand that ton in writing. I further understand that	t if at any time any of the abo	ove information changes,	including
Owner/Officer Signature:		Bldg./Zoning AppDenied		