



VILLAGE OF ROSEMONT

Health & Licensing Department
9501 West Devon Avenue, 2nd Floor
Rosemont, Illinois 60018
Phone: (847) 825-4404
www.villageofrosemont.org

VILLAGE OF ROSEMONT

FOR OFFICE USE ONLY	
DATE:	_____
AMOUNT:	_____
CHECK #:	_____
LICENSE #:	_____
STICKER #:	_____

VENDING LICENSE APPLICATION

1. BUSINESS LICENSES WILL ONLY BE ISSUED AFTER INSPECTIONS HAVE BEEN MADE AND THE PREMISE COMPLIES WITH THE PROVISIONS AND TERMS OF THE BUILDING, ZONING, FIRE AND HEALTH AND LICENSING DEPARTMENTS.
2. PLEASE REMIT COMPLETED APPLICATION AND PAYMENT TO THE ABOVE ADDRESS.

IS APPLICANT: INDIVIDUAL PARTNERSHIP ASSOCIATION

IF A CORPORATION: PRIVATE PUBLIC

BUSINESS INFORMATION		
CORPORATE NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	EMAIL
EMERGENCY CONTACT		PHONE

BILLING INFORMATION		
BUSINESS NAME	ATTN:	
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	EMAIL

OWNER INFORMATION		
PRESIDENT OR OWNER NAME	TITLE	
HOME ADDRESS		
CITY	STATE	ZIP
PHONE	CELL PHONE	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 #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ASSIGNED BY THE ILLINOIS DEPARTMENT OF REVENUE AT HTTP://TAX.ILLINOIS.GOV/BUSINESSES/REGISTER.HTM
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A FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) IS **REQUIRED** FOR ALL BUSINESSES

FEDERAL TAX ID #	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ASSIGNED BY THE INTERNAL REVENUE SERVICE AT 230 S. DEARBORN ST., (312) 566-4912, OR WWW.IRS.GOV/BUSINESSES>EMPLOYER ID NUMBERS (EINs)
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AMUSEMENT MACHINE

_____ JUKE BOX \$100.00
 _____ VIDEO GAME \$50.00
 _____ POOL TABLE \$50.00
 _____ DART GAME \$50.00

AUTOMATIC VENDING MACHINES

_____ NUMBER OF MACHINES 50 CENTS OR LESS \$20.00
 _____ NUMBER OF MACHINES 50 CENTS OR MORE \$50.00

MACHINE LOCATION

ADDRESS	FLOOR OR ROOM	TYPE OF MACHINE	NUMBER OF MACHINES
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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 _____