



Village of Dolton Business License Application



14014 Park Avenue, Dolton, Illinois 60419
Phone: 708.841.2533 Fax: 708.201.3249

Check One: New Business Change of Ownership Change of Business Address Change of Mailing Address

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 Number: () _____

Retailers Occupation Tax #: _____ FEIN#: _____

Ownership Type: Sole Corporation Partnership Family LLC/LLP Other

Type of Business you are applying for (be specific, e.g. restaurant etc.) _____

If change of ownership, indicate date change was made: ___/___/___ Date Business Opened: ___/___/___

Hours of Operation: Mon-Fri. ___ Sat. ___ Sun. ___ # of Full Time Employees ___ # Part-time ___

Emergency Contact _____ Number: _____

Does Business Have Scavenger Service? ___ Yes ___ No If yes, Company _____

Alarm System on Premises: ___ Yes ___ No If yes, List Monitoring Company _____

OWNER'S INFORMATION: Name: _____ Other Lic. _____

Address _____ City/State/Zip _____

Phone: _____ Fax _____ Cell: _____ Email: _____

Driver's License or State ID #: _____ - _____ - _____

Vending Machines: Type	Coin Slot	Vendor Name	Address	Phone

I understand that the issuance of this license is conditioned upon compliance with all Village of Dolton ordinances and statutes of the State of Illinois, the results of any inspection of the above premises, and any subsequent inspection while this license is in force, I further understand that if at any time any of the above information changes, including ownership or incorporation, I will dutifully notify the Village of Dolton in writing. I further understand that the Village of Dolton may suspend/revoke any business issued/license pending a hearing on charges of violations of the Dolton Municipal Code and/or Illinois laws.

Owner/Officer Signature: _____ Title: _____

Subscribed and sworn to before me this _____, day of _____, 20____.

Notary Public:

Seal:

FOR OFFICE USE ONLY

Bldg./Zoning ___ App. ___ Denied
Health Dept: ___ App. ___ Denied
Fire Dept: ___ App. ___ Denied