



**VILLAGE OF LAKE BLUFF
BUSINESS LICENSE APPLICATION**

CONTACT INFORMATION:

Name of Business: _____

Business Address: _____

Business Phone Number: _____ Fax Number: _____

Primary Contact Name: _____

BUSINESS INFORMATION (required):

Federal Employer I.D. No.: _____ IL State Tax I.D. No.: _____

Describe the Operations of the Business: _____

Please provide a copy of the following documents: Lake County Food Service Permit; Federal Employer I.D. Number; and an Illinois State Tax I.D. Number.

LICENSE FEE AND OWNER'S SIGNATURE:

SECTION TO BE COMPLETED BY THE APPLICANT		OFFICE USE ONLY
TYPE OF BUSINESS	REQUIRED FEE	FEE PAID
<input type="checkbox"/> Food & Beverage	\$100.00	\$ _____
<input type="checkbox"/> Food & Beverage Delivery Service	\$100.00 per vehicle No. of vehicles _____	\$ _____
<input type="checkbox"/> Scavenger	\$750.00 per company	\$ _____

The undersigned applicant hereby agrees to conform to all laws, ordinances, rules and regulations concerning the conduct of the business for which the license herein is applied. This application does not authorize the operation of a business for which a permit is applied. The business shall not be operated until a Business License is issued.

License Expiration Date: April 30, 2017

Applicant's Signature

Date