

**2023 -VILLAGE OF FOREST VIEW
APPLICATION FOR BUSINESS LICENSE**

**ALL HOME OFFICE / BUSINESSES
MUST APPLY FOR AN ANNUAL BUSINESS LICENSE
WHICH WILL BE VALID JANUARY THROUGH DECEMBER.
NO EXCEPTIONS, ALL HOME BUSINESSES MUST OBTAIN A
LICENSE FOR THE CALENDAR YEAR.**

Fee: **\$ 50.00**

Application Date: _____

Business Name: _____

Address of Business: _____

Business Phone Number: _____ Fax Number: _____

Mailing Address (if different than above): _____

Manager: _____

Business Phone Number (ext.): _____ Cell Phone: _____

Email Address: _____

Name of Property Owner: _____ Phone Number: _____

Type/Description of Business: _____

Business Property PIN _____ Property Square Footage _____

Sales/Illinois Business Tax Number (IBT #), if applicable: _____ or

Federal Employer Identification Number (FEIN): _____

Provide list of vending machines located on your premise: _____ (If "None, please indicate such.)

Please indicate type of ownership:

____ Owner ____ Partnership/Firm ____ Corporation ____ Manager

Indicate Principal Officer or Business Owner's Residential Address and Phone Number:

Name: _____ Phone #: _____

Address: _____

I understand the issuance of this license is conditional upon compliance with all applicable Village Ordinances as well as any and all inspections of the above premises.

APPLICANT/AUTHORIZED SIGNATURE _____

TITLE _____ **PRINT NAME** _____

Please complete **ALL** information requested. Any application missing information may be returned and will delay compliance with Village Ordinance requiring a Business License.

For Office Use Only

Approved By Police Department _____ Date _____

Approved By Fire Department _____ Date _____