

VILLAGE OF ANTIOCH – BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name or Corporation:

d/b/a:

Business address:

Business Phone:

Business Fax:

Website:

Email:

Contact Name:

Contact Phone:

Federal Tax ID #:

Illinois Busines Tax #:

Square Footage (Floor Area):

If you would like licenses and correspondence sent to a different address than above:

Correspondence Name:

Correspondence Address:

City, State, Zip

APPLICANT INFORMATION

Please check one of the following: Corporation Partnership Sole Ownership LLC Other (please explain)

For a Corporation or LLC:

Corporation/Corporate name:

Corporate Address:

City, State, Zip

The following information is required of any sole proprietors, and all partners, officers, directors, and shareholders owning more than 5% of stock: (additional pages may be attached to this application)

Name: % of ownership in business:

Address: Phone:

City, State, Zip:

Phone: Email:

Name: % of ownership in business:

Address: Phone:

City, State, Zip:

Phone: Email:

Name: % of ownership in business:

Address: Phone:

City, State, Zip:

Phone: Email:

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EMERGENCY CONTACT INFORMATION

Contact Name:		Title:
Phone:	E-mail:	Fax:
Address:		
City:	State:	ZIP Code:

ALARM SYSTEM INFORMATION

Alarm System Company:		Phone:
Keyholder Name:	Phone:	Alternate Phone:
Emergency Contact (if different from keyholder):		Phone:

ADDITIONAL ATTACHMENTS REQUIRED

Please include the following attachments with your application:

- A copy of your Lake County Food Service Permit
- A copy of Public Liability Insurance (if outdoor service area is located on public property)
- A Copy of the Article's of Incorporation provided by the Secretary of State's Office (in case of a corporation)

LICENSE CLASSES AND FEES

Please check below all licenses that apply:	Total Fee:	\$
<input type="checkbox"/> Restaurant License		\$ 50.00
<input type="checkbox"/> Food Dealers License		\$ 50.00
<input type="checkbox"/> Amusement Devices (price per device)	Quantity :	\$ 100.00
<input type="checkbox"/> Bowling Alley / Pool Hall		\$ 25.00
<input type="checkbox"/> Coin Operated Pool Table (price per table)	Quantity :	\$ 25.00
<input type="checkbox"/> BYOB Permit		\$ 50.00

For Office Use Only

License # _____ Date Issued: _____ Expires: _____

Total Fee: _____ Date Paid: _____

Building Department Official: _____ Date: _____



Additional
Comments: _____

Affidavit and Acknowledgement

I, the undersigned applicant, or authorized agent thereof, swear or affirm under penalties of perjury that the matters stated in the forgoing application are true and correct, are made upon my personal knowledge and information, and are made for the purpose of requesting the Village of Antioch to issue the license herein applied for. I further swear or affirm that I have not omitted any information which is required to be made in these disclosures, that the matters stated herein are not misleading in light of the purposes for which application is made, and that the applicant is qualified and eligible to obtain the license applied for.

I further swear or affirm that the applicant will not violate any of the laws of the United States of America, the State of Illinois, or the Village of Antioch relating to or regulating said business.

By applying for a license pursuant to Article 4 of the Village Code and by executing this application, each applicant hereby authorizes any person to disclose, and the Village to investigate all information pertinent or germane to such applicant's application. Each applicant hereby waives any and all claims against the village and hereby agrees to indemnify and hold harmless the Village and its elected and appointed offices, officers, boards, commissioners, attorneys, employees, and agents from any and all claims resulting from, or arising out of, or alleged to result from or arise out of any and all investigative activities.

Signature of Applicant or Authorized Agent

Signature of Applicant or Authorized Agent

Title or Position

Title or Position

Date Signed

Date Signed

Note: If the license is to be issued to a partnership, two partners must sign. If the license is to be issued to a corporation, the president and secretary of the corporation must sign.

STATE OF ILLINOIS)
) SS
COUNTY OF LAKE)

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

Notary Public

Seal

Note: This application is valid only for the license year noted below. All license renewals for consecutive years must be accompanied by a new completed application, or at the discretion of the Village, a statement under oath the factual statements in the application previously filed have not changed in the past year.

Period for which license application is made: June 1, 20_____ to May 31, 20_____