



VILLAGE OF LOMBARD  
 255 E. Wilson Avenue  
 Lombard, IL 60148  
 630/620-5700

**BUSINESS LICENSE APPLICATION**

***IF APPLICATION IS NOT FILLED OUT COMPLETELY, LICENSE WILL NOT BE ISSUED***

License # \_\_\_\_\_

Business Name:		Business Location Address:		Business Phone Number:	
Mailing Address (if different from business location)			City, State and Zip		
Email Address					
Owner's Name		Driver's License #		Home Phone Number:	
Owner' Home Address:			City, State and Zip		
Emergency Contact:			Phone Number:		
Federal Tax ID #:			Check One: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
If a partnership or corporation, give <b>legal name</b> if other than business name:					
If this is a <b>corporation</b> and the stock of this applicant corporation is not listed on any exchange or sold publicly, or sold over the counter, give name, address, and telephone number of all stockholders of record holding 5 percent or more of stock. If this is a <b>partnership</b> , give name, address, and telephone number of all partners. If additional space is needed, add a separate page.					
Name		Title		Home Address	
City		State	Zip		Phone Number:
Name		Title		Home Address	
City		State	Zip		Phone Number:
Name		Title		Home Address	
City		State	Zip		Phone Number:
Does the Business have a security alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, alarm user permit is required)					
Name of Alarm Company:					

**ANY CHANGES IN ABOVE INFORMATION REQUIRES IMMEDIATE NOTIFICATION**

PLEASE INDICATE THE TYPE OF LICENSE(S) YOU ARE APPLYING FOR AND CALCULATE THE AMOUNT DUE  
 PLEASE ENCLOSE A CHECK FOR THE TOTAL AMOUNT DUE FOR ALL LICENSES REQUIRED FOR YOUR  
 ESTABLISHMENT. PLEASE MAKE CHECK PAYABLE TO THE VILLAGE OF LOMBARD.

License requested for	___ Antique Dealer @ \$50.00/Yr.	TOTAL DUE Antique Dealer	\$ _____
License requested for	___ Auto Wreckers @ \$250.00/Yr.	TOTAL DUE Auto Wreckers	\$ _____
License requested for	___ Bowling Alley @ \$25.00/Lane	TOTAL DUE Bowling Alley	\$ _____
License requested for	___ Coin Operated Amusement Device @ \$75.00/Each	TOTAL DUE Coin Operated Devices	\$ _____
License requested for	___ Filling Station @ \$250.00/Yr.	TOTAL DUE Filling Station	\$ _____
License requested for	___ Junk Yard @ \$250.00/Yr.	TOTAL DUE Junk Yard	\$ _____
License requested for	___ Motion Picture Theatre @\$350.00/Screen	TOTAL DUE Motion Picture Theatre	\$ _____
License requested for	___ Pool Tables 2 Or less @ \$25.00/Yr.	TOTAL DUE Pool Tables	\$ _____
License requested for	___ Pool Tables more than 2 @ \$25.00/Table	TOTAL DUE Pool Tables	\$ _____
License requested for	___ Restaurant/Food Handler @ \$50.00/Yr.	TOTAL DUE Restaurant/Food Handler	\$ _____
<b>(Attach a copy of your DuPage County Health Permit. To schedule an inspection call DuPage County Health Dept. at 630-682-7400)</b>			
License requested for	___ Second Hand @ \$50.00/Yr.	TOTAL DUE Second Hand/Junk	\$ _____
License requested for	___ Tobacco Dealer (Over the Counter) @ \$150.00/Yr.	TOTAL DUE Tobacco Dealer	\$ _____
License requested for	___ Tobacco Dealer (Machine) @ \$150.00/Machine	TOTAL DUE Tobacco Dealer (Machine)	\$ _____
<b>TOTAL DUE FOR ALL LICENSES</b>			\$ _____

**I hereby certify that the above information is complete, true and correct.**

Signature of Applicant	Print or Type Applicant Name/Title	Date:
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Subscribed and sworn to  
 before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_

\_\_\_\_\_  
 Notary Public