

Bus ID: _____ Date Paid: _____ Method: _____ By: _____ Categories: _____



290 Evergreen Drive • Vernon Hills, IL 60061 • 847-367-3700

BUSINESS LICENSE APPLICATION

Return with payment by mail or in person (Attn: Community Development Department). Make checks out to the Village of Vernon Hills.

APPLICATION TYPE: New Expected opening date: _____
 Existing Select reason: Address Change _____ New Owner _____

BUSINESS INFORMATION

Business Name _____ TAX ID # _____

Business Address _____ Suite _____

Business Phone (____) _____ Business Fax (____) _____

Business Email _____ Website _____

Description of Business _____

Property Mgmt. Information _____

Fee: \$ _____ (call Village to confirm fee) Mail invoice to: Business address Corporate address

OWNER INFORMATION

Individual Owner or Corporation name _____

Corporate Address _____
City/State Zip

Phone _____ Local Contact Name _____

APPLICANT ACKNOWLEDGMENT AND SIGNATURE

By my signature on this form, I acknowledge that I understand the following: All companies doing business in the State of Illinois must conform to applicable State laws. I understand the issuance of this License is conditioned upon compliance with all Village Ordinances and the results of any inspections of above premises at this time or any subsequent time or any subsequent inspection while this license is in force.

Please Read Carefully and Initial Each Statement:

- _____ I have read and understand the Village Ordinances in regard to business licenses
- _____ I have completed the Certificate of Occupancy Permit procedure and passed my inspections
- _____ I have submitted any/all necessary forms need to obtain a business license with the Village of Vernon Hills

Applicant Signature

Today's Date