



APPLICATION FOR 2009 GENERAL BUSINESS LICENSE

CITY OF COUNTRYSIDE
SHARON SWEENEY, CITY CLERK
5550 EAST AVENUE
COUNTRYSIDE, IL 60525
(708) 354-7270

FOR OFFICIAL USE ONLY
LICENSE# \_\_\_\_\_
LICENSE FEE \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
VENDING \_\_\_\_\_
CIGARETTE \_\_\_\_\_
TOTAL \_\_\_\_\_

NAME & ADDRESS OF BUSINESS
Website Address:
Email Address:

INSTRUCTIONS:

Please type or print all information requested on this application. Any omissions or misstatements of material facts herein cause forfeiture of rights to further consideration for granting of the license applied for.

TO THE CITY CLERK:

I (WE) the undersigned, hereby make application for license under and by virtue of the ordinance the City of Countryside for conducting a business as follows:

TYPE OF BUSINESS: \_\_\_\_\_ SALES TAX / IBT #: \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_ BUSINESS FAX # \_\_\_\_\_

ADDRESS GIVEN TO STATE OF ILLINOIS FOR SALES TAX ( \_\_\_\_\_ )

SQUARE FOOTAGE OF BUSINESS: \_\_\_\_\_ #OF EMPLOYEES: \_\_\_\_\_

(Emergency Phone # (Police Use ONLY): \_\_\_\_\_

1. Name and address of applicant. (If applicant is a firm, give name and address of all partners: if a corporation give name and address of President and Secretary.)

1a. Name: \_\_\_\_\_ 1b. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(Include City and Zip Code)

(Include City and Zip Code)

Daytime Phone #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

2. Home office location, if different from above: \_\_\_\_\_

PLEASE CHECK BOX IF INVOICES ARE TO BE SENT TO THE HOME OFFICE LOCATION

3. Give name and address of owner of building where business will be conducted: \_\_\_\_\_

4. Have you had a license for conducting this type of business in COUNTRYSIDE before? \_\_\_\_\_

5. Name, home address, and phone of person managing business: \_\_\_\_\_

6. Name, home address, and phone of person in charge of business in Manager's absence: \_\_\_\_\_

7. Vending Machines: State name, address and phone number of vending company servicing the machines located on your premises.

Type	Name	Address	Phone	Number
Sale of Cigarette & Tobacco over the counter & Cigarette Machines				
Vending Machines ie: Food, Drink, Toy				
Amusement Devices ie: Arcade				
Juke Box				

8. Please complete any information pertaining to your particular business.

Billiard Hall: # of Tables		Scavengers: # of Trucks	
Bowling Alley: # of Lanes		Hotel/Motel: # of Units	
Lounge/Restaurant: # of seats		Laundromat: # of Machines	
Barber Shop: # of Chairs		Theater: # of seats/spaces	
Mobile Home Park: # of Spaces		Repair Shop: # of Service Bays	
# of Vehicle parking spaces		Food Delivery: # of Vehicles	

9. See last page for additional questions.

10. Food Handling Establishments: Name, Address and phone number of person having a food handling license (as required by the State of Illinois) \_\_\_\_\_

**Note: Only initial applications require that all signatures be notarized.**

Signed: \_\_\_\_\_  
**Applicants Signature Required**

ON \_\_\_\_\_, BEFORE ME PERSONALLY APPEARED \_\_\_\_\_

WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT (HE/SHE) EXECUTED THE SAME, MY COMMISSION

EXPIRES ON: DATE: \_\_\_\_\_ NOTARY: \_\_\_\_\_

**LICENSE GRANTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF COUNTRYSIDE**

**DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_

FOR OFFICIAL USE ONLY	
Zoning and Parking Approved	
By: _____	Date: _____
Certificate of Occupancy Required?	Yes No
County Health Inspection Required?	Yes No

CITY OF COUNTRYSIDE APPLICATION FOR 2009 GENERAL BUSINESS LICENSE INFORMATION PERTAINING TO OWNERS, PARTNERS, OFFICERS, REGISTERED AGENTS, AND AGENTS AUTHORIZED TO RECEIVE NOTICE AND/OR LEGAL PROCESS, INCLUDING SERVICE OF SUMMONS

A. If licensee is a sole proprietorship, please list the name, address and phone number of the owner.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

B. If licensee is a partnership, please list the name, address and phone number of each general partner (use additional sheets if necessary).

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

C. If licensee is a corporation, please list the name, address and phone number of the president, secretary, treasurer and registered agent (use additional sheet if necessary).

President: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

D. If licensee has no owner, partner, or officer residing within the CITY OF COUNTRYSIDE, or no registered Agent residing or having an office within the CITY OF COUNTRYSIDE, please provide the name, address and phone number of a person authorized to receive notice and/or legal process, including summonses, on behalf of the licensed business who either resides within the CITY OF COUNTRYSIDE or whose duties require him or her to be upon the licensed premises during normal business hours.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Important Notice – Please Read Carefully**

Section 3-1-2A2e of the Countryside City Code requires that any change in the name, address or phone number of any owner, partner, corporate officer, registered agent or person authorized to receive notices and legal process, shall be reported to the Office of the City Clerk within seven (7) days of such change, and failure to report such change within the specified shall be grounds for revoking or suspending any business license.

**A written explanation must accompany the completed license application answering these questions:**

Describe the nature of your business?

Describe what specific activity will occur at this location?

What is your title?

Daytime phone number?