



APPLICATION FOR 2009 BUSINESS REGISTRATION

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

FOR OFFICIAL USE ONLY
REGISTRATION #
REGISTRATION FEE
VENDING
CIGARETTE
TOTAL

NAME & ADDRESS OF BUSINESS
Website Address:
E-Mail Address:

INSTRUCTIONS:

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

TO THE CITY CLERK:

I (WE) the undersigned, hereby make application for business registration under Sec. 3-1-11 of the CITY OF COUNTRYSIDE Code as follows:

TYPE OF BUSINESS SALES TAX / IBT #.

BUSINESS PHONE # BUSINESS FAX #

Emergency Phone # (For Police Use ONLY) FULL ADDRESS GIVEN TO ST. OF IL FOR SALES TAX / IBT #.

1. Name, address and relationship to business applicant. If business is a firm, give name and address of all partners: if a corporation, give name and address of President and Secretary on separate attached sheet.

Name: Relationship to the business:

Address: Daytime Phone #:

(Include City and Zip Code)

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. Has this business been registered 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. List all vending machines on your premises: Please provide brief description and number of machines.
example: Cigarette, Drink, Snack

Description: _____ # of machines _____

8. List all amusement devices on your premises: Please provide brief description and # of machines. (IE: Carousel, Arcade, Jukebox)

Description: _____ # of machines _____

9. IF APPLICABLE, LIST ILLINOIS LICENSE NUMBER FROM THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATIONS: _____ . PLEASE ALSO ATTACH CURRENT CERTIFICATE.
License No.

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? _____

Note: Only initial applications require that all signatures be notarized

Signed: _____
Applicant's 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: _____ NOTARY _____

REGISTRATION 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

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

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

Name: _____

Address: _____ Phone: _____

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

President: _____

Address: _____ Phone: _____

Secretary: _____

Address: _____ Phone: _____

Treasurer: _____

Address: _____ Phone: _____

Registered Agent: _____

Address: _____ Phone: _____

D. If registrant 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 registered business who either resides within the CITY OF COUNTRYSIDE or whose duties require him or her to be upon the registered business premises during normal business hours.

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 time specified shall be grounds for revoking or suspending any business registration.