



VILLAGE OF ORLAND HILLS

Phone:
708/349-4887

16033 South 94th Avenue
Orland Hills, Illinois 60487-4623

Fax:
708/349-1358

2017 ~ BUSINESS LICENSE APPLICATION ~ 2017

Please Print or Type

BUSINESS INFORMATION

Business Name: _____ Phone: _____

Attention: _____ • Owner • Manager Fax: _____

Address: _____ City: _____ Zip: _____

(INCLUDE COPY OF TITLE COMMITMENT OR LEASE COMMITMENT FOR BUSINESS LOCATION)

MAILING INFORMATION

Mailing Address: Please indicate appropriate address for correspondence & billing.

Business Name: _____ Phone: _____

Attention: _____ Fax: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

OWNER INFORMATION

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

IN CASE OF EVENING EMERGENCY, CONTACT

Name: _____ Phone: _____

Type of business: _____

Product or services offered: _____

Illinois sales tax number

Total square footage of the business, including storage areas *

 sq. ft.

Hours of operation: Sunday _____ am to _____ pm

Mon. _____ am to _____ pm

Thurs. _____ am to _____ pm

Tues. _____ am to _____ pm

Fri. _____ am to _____ pm

Wed. _____ am to _____ pm

Sat. _____ am to _____ pm

~ **2017 Fee Schedule** ~

Part 1			Part 2		
<u>Square Footage</u>	<u>Fees</u>	<u>Inspection Fees</u>	<u>Amt Each</u>	<u>Number Inspections</u>	<u>Total Due</u>
0 - 2,000	\$ 160.00	Elevator Inspections	\$150.00	_____	\$ _____
2,001 - 4,000	\$ 320.00	Health Inspections	\$300.00	_____	\$ _____
4,001 - 6,000	\$ 480.00	RPZ	\$50.00	_____	\$ _____
6,001 - 8,000	\$ 640.00	Ground Sign	\$50.00	_____	\$ _____
8,001 - 10,000	\$ 800.00	Wall Sign	\$50.00	_____	\$ _____
10,001 - 12,000	\$ 960.00				
12,001 - 14,000	\$1120.00				
14,001 - 16,000	\$1280.00				
Over 16,000	\$1440.00				
		2. *** Total Inspection Fees Due	\$		

1. Total Sq Ft Fees Due \$ _____

Part 3

Vending & Amusement Fees

Amusement Device \$200.00 Tobacco Vending Machine \$150.00
Video Gaming Terminals \$25.00 All Other Vending Machines \$75.00

VENDING MACHINE & AMUSEMENT DEVICE REGISTRATON

<u>Type/name of device</u>	<u>Serial Number</u>	<u>Fee</u>	<u># Issued</u> <small>OFFICE ONLY</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Total vending Fees Due **\$ _____

Part 1 – Square Footage Fee: \$ _____

NOTE: Add Parts 1, 2 and 3 for total amount due

Part 2 – Inspection Fee: \$ _____

Part 3 – Vending Fee: \$ _____

Total Amount Due: \$ _____

I hereby state that all of the above information is true to the best of my knowledge and belief. I agree to comply with all Village and state codes, ordinances, and laws. I will not alter any of the conditions as so stated on this application without Village approval. Misrepresentation and/or failure to comply with the requirements of this license can result in late charges, additional fees, penalties, citations, and possible revocation of license.

Signature of Owner/Manager _____ **Date:** _____

OFFICE USE ONLY			
Date Received: _____	Cash/Check# _____		
Date Approved: _____	By: _____	License No: _____	