



# VILLAGE OF ORLAND HILLS

Phone:  
708/349-4887

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

Fax:  
708/349-1358

## 2015 ~ BUSINESS LICENSE APPLICATION ~ 2015

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

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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