

~ 2015 Fee Schedule ~

Part 1

<u>Square Footage</u>	<u>Fees</u>
0 - 2,000	\$ 160.00
2,001 - 4,000	\$ 320.00
4,001 - 6,000	\$ 480.00
6,001 - 8,000	\$ 640.00
8,001 - 10,000	\$ 800.00
10,001 - 12,000	\$ 960.00
12,001 - 14,000	\$1120.00
14,001 - 16,000	\$1280.00
Over 16,000	\$1440.00

Part 2

<u>Inspection Fees</u>	<u>Amt Each</u>	<u>Number Inspections</u>	<u>Total Due</u>
Elevator Inspections	\$150.00	_____	\$ _____
Health Inspections	\$300.00	_____	\$ _____
RPZ	\$50.00	_____	\$ _____
Ground Sign	\$50.00	_____	\$ _____
Wall Sign	\$50.00	_____	\$ _____
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 OFFICE ONLY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____	