

VILLAGE OF ORLAND HILLS

Phone: 708/349-4887

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Fax: 708/349-1358

2016 ~ BUSINESS LICENSE APPLICATION ~ 2016

| | | Please Pri | int or Type | | | |
|--------------------------|------------------------|------------------------|----------------|-----------------|---------------|--|
| BUSINESS INFORM | ATION | | | | | |
| Business Name: | | Phone: | | | | |
| Attention: | | • Owner • Manager Fax: | | | | |
| Address: | | City: | | | Zip: | |
| (INCLUDE CO | PY OF TITLE COM | IMITMENT OR I | LEASE COMMITM | MENT FOR BUSINE | ESS LOCATION) | |
| MAILING INFORMA | | | | | | |
| Mailing Address: Please | | - | - | - | | |
| Business Name: | | Phone: | | | | |
| Attention: | | Fax: | | | | |
| Address: | | City: | | Zip: | | |
| Email Address: | | | | | _ | |
| | | | | | | |
| OWNER INFORMAT | | | | | | |
| Name: | | Phone: | | | | |
| Address: | | | _City: | | Zip: | |
| IN CASE OF EVENIN | NG EMERGENC | CY, CONTAC | Г | | | |
| Name: | | Phone: | | | | |
| | | | | | | |
| Type of business: | | | | | | |
| Product or services offe | | | | | | |
| requer or services one | rea | | | | | |
| Illinois sales ta | x number | | | | | |
| Total square fo | otage of the bu | siness, inclu | ding storage | areas * | sq. ft. | |
| • | | | | | | |
| | Hours of op | | nday <u>am</u> | | | |
| Mon. | am_to | pm | Thurs. | am to | pm | |
| Tues. | <u>am</u> to | <u>pm</u> | Fri | <u>am</u> to | <u>pm</u> | |
| Wed. | am_to | pm | Sat. | <u>am</u> to | <u>pm</u> | |