

VILLAGE OF ORLAND HILLS

Phone: 708/349-4887

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

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>	