

**~ 2012 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</u>	<u>Number</u>	<u>Total</u>
	<u>Each</u>	<u>Inspections</u>	<u>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** \$ \_\_\_\_\_

**Part 3**

Vending & Amusement Fees

Amusement Device \$150.00      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:** \_\_\_\_\_

(Rev. 2012-04-02)

OFFICE USE ONLY

Date Received: \_\_\_\_\_ Cash/Check# \_\_\_\_\_

Date Approved: \_\_\_\_\_ By: \_\_\_\_\_ License No: \_\_\_\_\_