



VILLAGE OF MAYWOOD
COMMUNITY DEVELOPMENT & FINANCE
2019 BUSINESS LICENSE & REGISTRATION APPLICATION

PLEASE PRINT OR TYPE

- New Business Date _____
 Renewal
 Home Based State License #: _____

IL Department of Revenue #: _____
(Business License **cannot** be issued without State numbers)

1. General Information

Name of Business: _____
Business Address: _____ City: _____ State: _____
Zip Code: _____ Business Property PIN No: _____
Cell Phone No: _____ Telephone No: _____
Fax No: _____ Email: _____

2. Emergency Contact Information:

Name Telephone #

3. Business Owner's Information

- Partnership/Firm Corporation

Name

Home Address City/State Zip

Telephone # Emergency #

Additional owners Names	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Property Owner's Information

Name

Home Address City/State Zip

Telephone # Emergency #

5. Select the type of business:

- Food Service Retail Industrial Service Office Entertainment

6. Indicate total square footage: _____

7. Hours and days of operation: _____

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8. Please provide a brief description of the business: _____

Full-time employees # _____

Part-time employees # _____

Select All Boxes that Apply:

- Restaurant # of seats _____
- Gas Station # of pumps _____
- Manufacturer Print shop Funeral Home
- Used/ New Car Lot New Car Lot Automotive Supply/Repair
- Laundromat Cleaners Car Wash
- Towing Service Beauty Shop Barber Shop
- Nail Shop Beauty Supply Store Electronics/Cell phones
- Bakery Grocery Store General Merchandise Store
- Candy Cigarettes/Tobacco Liquor Distributor
- Food Vendors Vending Machines Clothing Store
- Resale Shop Hardware Store Lawyer Office
- Real Estate Music Studio Music Store
- Video Shop General Office Florist
- Pre-School Medical Office Pharmacy/Medical Supplies
- Bank Currency Exchange Landscapers
- Scavenger Service Other _____

If you checked the Vending Machines Box above, please fill out the chart below.

VENDING MACHINES TO BE LICENSED	NO. OF MACHINES	FEE PER MACHINE	AMOUNT DUE
Candy/Coffee/Food/Soda/Soap/Trinkets		35	
Gumball		7	
Cigarettes		140	
Juke Box		105	
Total Number of Machines		Total Due	

Signature: _____ (Owner, Partner, or Officer)

FOR OFFICE USE ONLY

Zoning Class _____ Zoning Approval _____ Legal Approval _____

Permitted Use Special Use Prohibited Use Fire _____ Other _____

Home Based Vender Community Development Approval _____

Liens Y/N Water Liens Y/N Parking Tickets Y/N Financial Approval _____

****2 Signatures required before proceeding to Finance for Business License****