



**2022**

**VILLAGE OF MAYWOOD  
2022 BUSINESS LICENSE & REGISTRATION APPLICATION**

**PLEASE PRINT OR TYPE (Must be completed in full)**

**Once submitted please allow 5 business days for final approvals and issuance.**

New Business  
Renewal  
Home Based

Date \_\_\_\_\_

State License #: \_\_\_\_\_

(Licensed by IDFPR?)

IL Department of Revenue #: \_\_\_\_\_

(Retail Sales Tax Businesses)

**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 \_\_\_\_\_ (Explain)

**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	
Video Gaming 1 <sup>st</sup> Machine		500	
<b>Total Number of Machines</b>		<b>Total Due</b>	

**Signature:** \_\_\_\_\_ (Owner, Partner, or Officer)

**FOR OFFICE USE ONLY**

Zoning Class \_\_\_\_\_ Zoning Approval \_\_\_\_\_ Legal Approval (code fines) \_\_\_\_\_

Permitted Use

Special Use

Prohibited Use

Fire

Police: tobacco/liquor

Code Enforcement Inspections Approval \_\_\_\_\_

Liens

Y

N

Water Lien

Y

N

Parking Tickets

Y

N

Financial Approval \_\_\_\_\_

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

**Please Allow 5 Business days for processing and final approvals.**