

Village of Bridgeview

Temporary Application For Business License

7500 S. Oketo Avenue • Bridgeview, IL 60455

License#: _____

Phone: 708-594-2525 • Fax: 708-924-8095

Date Received: _____

Please Note: Any misrepresentations of falsification of the information provided below may result in denial or revocation of license applied for.

Date Issued: _____

issued by: _____

Name of Business: _____

Business Address: _____

Business Phone Number: _____ Emergency Phone Number: _____

Illinois Retailers Occupation Tax Number: Note: When applicable, Retailers Occupation Tax Number must be on this application or Business License will not be issued

Nature or Type of Business: _____

Name of Business Owner: _____

Email Address: _____

Home Address: _____ City: _____ State: _____ Zip Code _____

Home Phone: _____ Date of Birth: _____ Driver's License Number: _____

Have you ever been convicted of a felony? NO _____ YES _____ If Yes, State Year of Conviction _____

Give Explanation: _____

Status of Ownership:

Individual Proprietorship: _____ Partnership: _____ Corporation: _____

Sale of Tobacco? NO: _____ YES: _____

Event Date(s): _____

Event Name: _____

It is understood that no business may commence and until approval has been granted the issuance of a temporary business license.

I agree to comply with all statues and village ordinances and regulations relating to the above business.

Designate Signature as Owner/Proprietor or Manager: _____

Date: _____

X _____