

BUSINESS LICENSE RENEWAL QUESTIONNAIRE

(please print or type)

1000 North 25th Avenue-Melrose Park, IL 60160
(708) 343-4000

Today's Date: _____

ALL QUESTIONS MUST BE ANSWERED ACCURATELY

1. **Business Name:** _____
(In Melrose Park)
Address: _____
(In Melrose Park)
City, State, Zip: _____
Phone # (Local) () _____
Email- _____

2. **Mailing name:** _____
Address: _____
City, State, Zip: _____
Phone# () _____

3. **Business Owner's Name:** _____
Address: _____
City, State, Zip: _____
Phone # () _____

4. **Property Owner's Name:** _____
Address: _____
City, State, Zip: _____
Phone # () _____

5. **Type of Business:** _____ **Approx. Sq. Ft.** _____
Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____
No. of Employees: _____ **IL Retailer Occupation Tax No. (Sales Tax I.D. No.)** _____
How many vehicles are housed at this location overnight?: _____ **Is there an ATM Machine at this business?:** _____
Are Tobacco Products Sold?: _____

A list of three (3) persons and their home numbers are required in case of an Emergency. Please put the names in order that you want them called.

1. _____ phone: _____ cell () _____
2. _____ phone: _____ cell () _____
3. _____ phone: _____ cell () _____

Does this business have a fire alarm? _____ **fire sprinkler ?** _____ **No fire protection?** _____
(check one)

Vending and Amusement Devices (Mark n/a if you have none)

Total # of Vending Machines: _____

Owner of Machine: _____

Phone # : () _____

Total # of Amusement Devices: _____

(Video Games, Juke Box, Etc.)

Owner of Machine: _____

Phone # : () _____

Vending and Amusement License are required for each machine

Print Name

Signature

For Village of Melrose Park use only

Cash or Check # _____ **Amount paid** _____ **Date Paid** _____

BUSINESS LICENSE # _____