VILLAGE OF BUFFALO GROVE
APPLICATION FOR BUSINESS LICENSE

NO. ISSUED:__________ APPLICATION DATE:_______________
EXPECTED OPENING DATE:__________ INITIAL APPLICATION:_____ YES/NO
BUSINESS NAME:___________________________________________

ADDRESS_______________________________________________________________________________________
ADDRESS WHERE APPLICATION SHOULD BE SENT IF DIFFERENT FROM ABOVE_____________________

NAME OF MANAGEMENT COMPANY ___________________________________________________________

BUSINESS TELEPHONE NO. ____________ EMERGENCY TELEPHONE No. ____________________________
FAX NO. ____________________________ NUMBER OF EMPLOYEES_______________________________
HOURS OF BUSINESS OPERATION ___________ TOTAL SQUARE FOOT FLOOR AREA_______________
ANNUAL FEE $__________ SALES OR OCCUPATION TAX No. ________________________________

DOES YOUR BUSINESS OPERATE AT MORE THAN ONE LOCATION IN BUFFALO GROVE?________

WHAT IS THE ADDRESS OF THE ADDITIONAL LOCATION(S)? ____________________________________

EMAIL ADDRESS: _______________________________

<table>
<thead>
<tr>
<th>TYPE OF BUSINESS</th>
<th>ALARM SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service, Retail, Wholesale, Warehouse, Office</td>
<td>Burglar</td>
</tr>
<tr>
<td>Hotel/Motel</td>
<td>Fire</td>
</tr>
<tr>
<td>Food Establishment or Food Accessory***</td>
<td>Combined</td>
</tr>
<tr>
<td>Industrial, Industrial with Food Processing, Research &amp; Development</td>
<td></td>
</tr>
</tbody>
</table>

****IF FOOD/BEVERAGE ESTABLISHMENT, 1% TAX APPLIES – FORMS ARE NECESSARY

OWNERSHIP OF BUSINESS

__________ OWNER OPERATED       __________PARTNERSHIP OR FIRM
__________ CORPORATION          __________LIMITED CORPORATION

If Applicant is an Individual, list Owner. If Applicant is a Corporation, list President. For all Applicants, list a Local Contact.

NAME________________________________________________________________ TITLE_________________
LAST                       FIRST               MI
ADDRESS____________________________________________________________________________________
STREET                                CITY             STATE    ZIP
POSITION WITH BUSINESS_____________________ (Owner or Officer)

NAME________________________________________________________________ TITLE_________________
LAST                       FIRST               MI
ADDRESS____________________________________________________________________________________
STREET                                CITY             STATE    ZIP
POSITION WITH BUSINESS_____________________ (Local Contact)

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONED UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES AND THE RESULTS OF ANY INSPECTION OF ABOVE PREMISES AT THIS TIME OR ANY SUBSEQUENT INSPECTION WHILE THIS LICENSE IS IN FORCE.

SIGNATURE _________________________________________ TITLE _______________

(OVER)
**SUPPLEMENTAL INFORMATION**

Complete this section only if there are vending machines or if tobacco is sold at this location.

Additional licenses are required and can be obtained from the village clerk.

<table>
<thead>
<tr>
<th>Type of Machine Requiring License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coin Operated Amusement Devices</td>
</tr>
<tr>
<td>Coin Operated Food/Beverage Machine</td>
</tr>
<tr>
<td>Coin Operated &amp; Over-the-Counter Sale of Tobacco</td>
</tr>
</tbody>
</table>

Name of company responsible for obtaining supplemental licenses

(Owner/Vending Machine Company.) ________________________________

Address ________________________________________________________

City______________________ State______________ Zip Code__________

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**For Office Use Only**

- Health Department - Approved __________________________ Date _____
- Building Department - Approved _________________________ Date _____
- Fire Department - Approved ____________________________ Date _____
- Finance Department - Approved _________________________ Date _____

03/12