Bus ID:	Date Paid:	Method:	By:	#SF if GP:		
Village of	Hoffman Estates BL	JSINESS/GENERAL PREMI	SE LICENSE /	Application (ple	ase call for fees)	
1900 HAS	SELL ROAD HOFF	MAN ESTATES IL 60169	Village (Clerk Phone: 8	47-781-2625	
*New	Existing _	Address Cho	ange	New Owi	ner	
	formation:					
Business Main	e					
Business Addr	ess			Suite #		
HOFFMAN ES	TATES, IL Zip	Business Phone				
Business Fax		TAX ID #				
			(Required if yo	our business charges sa	ales tax)	
Business Email		Websit	e			
*Expected Opening Date		Description of Bus	Description of Business			
Nl C.		(If more space need	ded, please use	back of applicatio	n)	
Number of ex	pected employees					
	Where do you want invo	pices mailed ? (<mark>circle one</mark>) Busin	ess Address	Corporate Addr	ess	
Owner Info	ormation:					
Individual Ow	ner or Corporation Name_					
Corporate Add	dress					
·			City/State		Zip	
Phone		Local Contact Name _				
Diago Boo	d Carafully 8 Initial					
	d Carefully & Initial: read and understand t	· he Village Commercial Wast	e & Recycling	requirements		
		he Village Fire & Police False		-		
		ancy Update form attached (
Illinois. I under	rstand the issuance of this L above premises at this time o	s in the State of Illinois must confo icense is conditioned upon comp or any subsequent time or any sul on Village Clerk's Office . Checks s	liance with all Vi bsequent inspect	illage Ordinances an tion while this license	d the results of any is in force. Return	
Applicant Sig	nature		Today's Dat	e		