

**BUSINESS LICENSE APPLICATION**  
**Village of Hawthorn Woods**  
**2 Lagoon Drive – Hawthorn Woods, IL 60047**  
**Phone: (847) 540-5222 Fax: (847) 540-5221**

YEAR: \_\_\_\_\_

Business Name \_\_\_\_\_ Date Moved In \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_  
FAX No. \_\_\_\_\_ Email Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ Sales Tax or Occup. Tax Number \_\_\_\_\_

Type of License Applied For:  Annual  Temporary How Long? \_\_\_\_\_

Ownership:  Sole Proprietorship  Partnership  Corporation  Franchise

Name, Address, And Phone Number – Owner or Principal Officers/Managers (Pres./Treasurer):

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

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**LICENSE INFORMATION:**

If Restaurant, Seating Capacity \_\_\_\_\_ Outdoor Seating?  Yes  No

Business: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Business: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Vending Machine:

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**TOTAL FEES: \$ \_\_\_\_\_**

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Has the applicant(s) ever been convicted of or pleaded no contest to a crime of moral turpitude?  Yes  No

If Yes, explain: \_\_\_\_\_

Has the applicant(s) ever been convicted of a felony or unsuccessfully defended a criminal or civil proceedings charging fraud, misrepresentation, or unscrupulous business conduct?  Yes  No

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**I hereby apply for a permit to engage in the business of \_\_\_\_\_ in the Village of Hawthorn Woods, Illinois. I hereby agree that if the permit is issued by the Village of Hawthorn Woods for operations as stated above, I shall comply with all Ordinances of said Village now in force and any others that may be enacted during the period of this permit. I(we) swear and affirm that the statements contained in this application are true and correct to the best of my knowledge and belief.**

Signature of Owner/Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Village Clerk/Deputy Clerk Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mayor Signature \_\_\_\_\_ Date: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_