



2 LAGOON DRIVE  
HAWTHORN WOODS, ILLINOIS 60047  
(847) 540-5222 – Office Phone  
(847) 540-5221 - Fax

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**COMMERCIAL BUSINESS LICENSE APPLICATION – 2018**  
(Please complete and return both pages of this application)

**Business Information:**

Business Name (DBA): \_\_\_\_\_

Corporate Name (if different): \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**APPLICANT INFORMATION:**

Sole Proprietor/Owner

Partnership

Corporation

Franchise

**CERTIFICATE OF REGISTRATION NUMBER UNDER THE ILLINOIS RETAILERS' OCCUPATION TAX, SERVICE OCCUPATION TAX AND/OR USE TAX:** \_\_\_\_\_

**Business Owner Information:**

Name, Address, and Phone Number – Each Owner, Partner or Principal:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**License Information (if applicable):**

If a restaurant, what is your seating capacity? \_\_\_\_\_. Do you have outdoor seating? \_\_\_\_\_

Do you have any vending machines? \_\_\_\_\_. If so, how many? \_\_\_\_\_

**Signature:**

**I hereby apply for a permit to engage in the business identified on this Business License Application for 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 swear and affirm that the statements contained in this application are true and correct to the best of my knowledge and belief.**

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

**Village Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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

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