BUSINESS NAME / DBA _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP_____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP_____

BUSINESS PHONE NO. _____ FAX NO. _____ E-MAIL ADDRESS_____

ILLINOIS BUSINESS TAX NO. (IBT #) _____ -- _____ FEIN NO. _____ -- _____

PRIMARY DRIVERS LICENSE NO. _____ PRIMARY SOCIAL SECURITY NO. _____

TYPE OF BUSINESS – *Be Specific* _____

EMERGENCY CONTACT _____ PHONE NO. _____

VEHICLE INFORMATION:

VEHICLE NO. _____ TYPE/MAKE OF VEHICLE _____

NAME OF DRIVER _____

LOCATION SELLING PRODUCT _____

- **A COPY OF YOUR INSURANCE SHOWING THAT THERE IS LIABILITY FOR YOUR VEHICLE MUST BE PROVIDED WITH THIS APPLICATION**

* I hereby certify that I am a duly authorized agent of the business making this application and that I am empowered to bind said business to all terms and conditions of the license. I understand that the issuance of the license and the license's continuation is conditioned upon compliance with all applicable codes, ordinances and laws. I agree to pay all fees associated with the license and to submit the premises to inspections in accordance with all codes and ordinances. I understand that failure to comply with all applicable ordinance and laws may result in revocation of the license and the privilege to conduct business in the City of Rolling Meadows. *

- PLEASE NOTE: YOU ARE REQUIRED TO PURCHASE A CITY VEHICLE STICKER FOR ALL VEHICLES LEASED BY BUSINESSES OR INDIVIDUALS WITH ADDRESSES IN THE CITY.

FEE MUST ACCOMPANY APPICATION. *THIS IS NOT A LICENSE*. A LICENSE WILL NOT BE ISSUED IF ALL PERTINENT INFORMATION IS NOT FURNISHED.

SIGNATURE: _____ DATE _____

PRINT NAME ABOVE: _____ POSITION _____

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DO NOT WRITE BELOW THIS LINE

DEPARTMENT APPROVAL

HEALTH DEPARTMENT: ☐ APPROVED   ☐ DENIED   BY_____ DATE _____

License No. _____   Business License Fee: $ _____

Sticker No. _____

Date _____   Total Fee: $ _____