



Vendors Application For Business License
 Community Development Department
 3600 Kirchoff Road
 Rolling Meadows, IL 60008
 Phone: (847) 506-6030 Fax: (847) 483-0365

Legal Name of Applicant _____

D.B.A. Name _____

Business Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone No. _____ Fax No. _____ E-mail Address _____

FEIN No. or Social Security No. _____ IBT No. _____

Number of Vending Machines in Rolling Meadows _____ (attach additional sheet if necessary)

Type _____ Location _____

Type _____ Location _____

Type _____ Location _____

Fees for Vending Machines

- Food/Beverage Vending Machine \$37.00
- Gum/Candy/Novelty Vending Machine.....\$15.00 each coin slot
- Ice Vending Machine.....\$50.00
- Cigarette Vending Machines \$150.00
- Juke Boxes \$ 60.00 each
- Pool Tables \$ 25.00 each
- Mechanical Amusement Devices \$200.00 each (Special Use permit required.)

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

Fee must accompany application. This is not a license. A license will not be issued if all pertinent information is not furnished.

Signature: _____ Date _____

Print Name: _____ Position _____

Do not write below this line

Department Approval

Community Development Department: Approved Denied

By: _____ Date _____

Sticker No. _____ Business License No. _____ Total Fee: \$ _____