

**VENDING LICENSE APPLICATION**

APPLICATION IS HEREBY MADE TO THE VILLAGE OF WOODRIDGE FOR A VENDING LICENSE UNDER THE CODE OF ORDINANCES OF THE VILLAGE OF WOODRIDGE. LICENSE APPLICATIONS WILL NOT BE ACCEPTED UNLESS INFORMATION IS PROVIDED IN FULL.

PLEASE PRINT

**BUSINESS NAME** \_\_\_\_\_

**PRIMARY MANAGER** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_ **SUITE NO.** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**BUSINESS FAX** \_\_\_\_\_

**EMERGENCY PHONE** \_\_\_\_\_

**BUSINESS EMAIL** \_\_\_\_\_

**BUSINESS WEBSITE** \_\_\_\_\_

**OWNERSHIP INFORMATION**

*IF THE BUSINESS IS INDIVIDUALLY OWNED:*

**NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**S.S.N** \_\_\_\_\_

*IF THE BUSINESS IS OWNED BY A PARTNERSHIP:*

**NAME OF PARTNERS** (1) \_\_\_\_\_

(2) \_\_\_\_\_

**PARTNERS ADDRESSES** (1) \_\_\_\_\_

(2) \_\_\_\_\_

**HOME PHONE NUMBERS** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**DATE OF BIRTH** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**S.S.N.** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**DATE OF FORMATION** \_\_\_\_\_

IF THE BUSINESS IS OWNED BY A CORPORATION

NAME OF CORPORATION \_\_\_\_\_  
ADDRESS OF CORPORATION \_\_\_\_\_  
PRIMARY PHONE NUMBER \_\_\_\_\_  
STATE OF INCORPORATION \_\_\_\_\_  
DATE OF INCORPORATION \_\_\_\_\_  
CERTIFICATE NUMBER \_\_\_\_\_

NAME AND TITLE OF OFFICERS	ADDRESS	CITY, STATE, ZIP	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**A CORPORATION MUST DISCLOSE THE NAMES AND ADDRESSES OF THE OFFICERS, DIRECTORS AND THOSE STOCK HOLDERS OWNING IN EXCESS OF FIVE (5) PERCENT OF THE OUTSTANDING STOCK OF INTEREST.**

NAME	ADDRESS	CITY, STATE, ZIP	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CORPORATIONS MUST PROVIDE THE FOLLOWING:**

REGISTERED AGENT \_\_\_\_\_  
(A person or entity designated to receive important tax and legal documents on behalf of the corporation.)  
AGENT'S TITLE \_\_\_\_\_  
AGENT'S ADDRESS \_\_\_\_\_  
AGENT'S PHONE # \_\_\_\_\_

**LIABILITY INSURANCE COVERAGE**

NAME OF AGENT \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_

POLICY # \_\_\_\_\_

POLICY PERIOD \_\_\_\_\_

**ILLINOIS RETAIL OCCUPATIONAL TAX NO.** \_\_\_\_\_

(Also known as the Illinois Business Tax No.)

If no number explain why \_\_\_\_\_

\_\_\_\_\_

**DETAILED PROFILE OF BUSINESS & ALL SERVICES RENDERED**

\_\_\_\_\_

\_\_\_\_\_

PLEASE SUBMIT THE INFORMATION BELOW FOR EACH VENDING OR COIN-OP MACHINE. IT IS THE RESPONSIBILITY OF THE BUSINESS TO UPDATE THE VILLAGE OF ANY CHANGES OR ADDITIONS TO THE VENDING AND COIN-OP MACHINE INFORMATION OR ADDITIONS TO THE VEHICLE AND OPERATOR INFORMATION WHERE APPLICABLE.

**NAME AND ADDRESS OF BUSINESS WHERE MACHINE IS LOCATED:**

\_\_\_\_\_

\_\_\_\_\_

**INDICATE NUMBER OF MACHINES: \_\_\_\_\_ VENDING MACHINE \_\_\_\_\_ COIN-OP MACHINE**

-----

**NAME AND ADDRESS OF BUSINESS WHERE MACHINE IS LOCATED:**

\_\_\_\_\_

\_\_\_\_\_

**INDICATE NUMBER OF MACHINES: \_\_\_\_\_ VENDING MACHINE \_\_\_\_\_ COIN-OP MACHINE**

-----

**NAME AND ADDRESS OF BUSINESS WHERE MACHINE IS LOCATED:**

\_\_\_\_\_

\_\_\_\_\_

**INDICATE NUMBER OF MACHINES: \_\_\_\_\_ VENDING MACHINE \_\_\_\_\_ COIN-OP MACHINE**

-----

NAME AND ADDRESS OF BUSINESS WHERE MACHINE IS LOCATED:

\_\_\_\_\_  
\_\_\_\_\_

INDICATE NUMBER OF MACHINES: \_\_\_\_\_ VENDING MACHINE \_\_\_\_\_ COIN-OP MACHINE



(I) (WE) HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION FOR A BUSINESS LICENSE IS TRUE AND CORRECT, FURTHER THAT ANY FALSE INFORMATION PROVIDED FOR IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE AS WELL AS ANY OTHER PENALTIES PROVIDED FOR BY LAW.

DATE \_\_\_\_\_

PRINTED NAME, SIGNATURE, TITLE, AND PHONE NUMBER OF AUTHORIZED PERSON MAKING THIS APPLICATION:

\_\_\_\_\_  
Printed Name Signature Title

\_\_\_\_\_  
Phone

<b>FEE:</b>	BUSINESS	<u>BASED ON SQUARE FOOTAGE</u>
	TOBACCO	<u>\$100 PER LICENSE</u>
	VENDING	<u>\$25 PER MACHINE</u>
	COIN-OP	<u>\$75 PER MACHINE</u>
	ALARM	<u>\$10 FEE</u>

**DO NOT WRITE BELOW THIS LINE**

\*\*\*\*\*

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LICENSE IS \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED Receipt No. \_\_\_\_\_

License No. \_\_\_\_\_

Decal No. \_\_\_\_\_

REASON FOR DENIAL \_\_\_\_\_

\_\_\_\_\_

RETURN COMPLETED APPLICATION TO: Business Licensing  
Village of Woodridge  
Five Plaza Drive  
Woodridge, IL 60517