



APPLICATION/RENEWAL FOR LICENSE
Village of Hainesville

Date _____ Registration Request [] New [] Renewal [] Change of [] Owner [] Business Name

Business Name _____ Phone # _____ Email _____

Business Address _____

Mailing Address _____

Type of Business _____
Organization _____

Retail Sales Tax _____

Days & Hours of Operation Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

List of Vending Machines and Cigarette Sales _____

Fire [] Security System [] Alarm Company Name _____
Alarm Company Phone _____

Business Owner Contact and Other Information

Name _____ Cell Phone _____ Email _____

Home Address _____ City _____ St _____ Zip _____

Additional Employee Contacts

Name _____ Cell Phone _____ Email _____

Home Address _____ City _____ St _____ Zip _____

Name _____ Cell Phone _____ Email _____

Home Address _____ City _____ St _____ Zip _____

Building Owner / Landlord Contact Information

Name _____ Cell Phone _____ Email _____

Home Address _____ City _____ St _____ Zip _____

Attach all required State and County licenses held by the Business Owner, Business Manager and employees.

The undersigned Business Owner hereby applies to the Village of Hainesville, Illinois for Business Registration. I have read and completed this application and fully understand its intent and I declare that the statements made are true and understand that incomplete applications or applications containing false information will not be approved.

Business Owner Print Name _____ Signature _____ Date _____

Office Use Only

Date Received _____ License # _____

Building Approved _____ Amt Billed _____

Fire Approved _____ Amt Paid _____

Mayor Approved _____ Amt Due _____

MAIL THIS FORM, ALONG WITH ALL OTHER REQUIRED DOCUMENTATION AND FEES TO:
Hainesville Village Clerk, 100 N. Hainesville Rd., Hainesville, IL 60030