



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 Website

Days & Hours of Operation

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