VILLAGE OF LAKE BLUFF
BUSINESS LICENSE APPLICATION

CONTACT INFORMATION:

Name of Business: _____________________________________________________________

Business Address: _____________________________________________________________
_________________________________________________________ __________

Business Phone Number: _________________________ Fax Number: ________________________

Primary Contact Name: _____________________________________________________________

BUSINESS INFORMATION (required):

Federal Employer I.D. No.: ______________________ IL State Tax I.D. No.: ________________________

Describe the Operations of the Business: ____________________________________________________
_______________________________________________________________________________________

Please provide a copy of the following documents: Lake County Food Service Permit; Federal
Employer I.D. Number; and an Illinois State Tax I.D. Number.

LICENSE FEE AND OWNER’S SIGNATURE:

<table>
<thead>
<tr>
<th>SECTION TO BE COMPLETED BY THE APPLICANT</th>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF BUSINESS</td>
<td>REQUIRED FEE</td>
</tr>
<tr>
<td>□ Food &amp; Beverage</td>
<td>$100.00</td>
</tr>
<tr>
<td>□ Food &amp; Beverage Delivery Service</td>
<td>$100.00 per vehicle</td>
</tr>
<tr>
<td>No. of vehicles ____________</td>
<td></td>
</tr>
<tr>
<td>□ Scavenger</td>
<td>$750.00 per company</td>
</tr>
</tbody>
</table>

(If your business is not one of the categories listed above, do not complete this form. All other businesses are only required to obtain a Business Certificate of Occupancy upon opening in the Village (one time).

The undersigned applicant hereby agrees to conform to all laws, ordinances, rules and regulations concerning the conduct of the business for which the license herein is applied. This application does not authorize the operation of a business for which a permit is applied. The business shall not be operated until a Business License is issued.

License Expiration Date: April 30 Annually

Applicant’s Signature _____________________________ Date _____________________________

Village of Lake Bluff ● 40 E. Center Avenue ● Lake Bluff ● Illinois ● 60044

Revised: May 2022