



**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:**

SECTION TO BE COMPLETED BY THE APPLICANT		OFFICE USE ONLY
TYPE OF BUSINESS	REQUIRED FEE	FEE PAID
<input type="checkbox"/> Food & Beverage	\$100.00	\$ _____
<input type="checkbox"/> Food & Beverage Delivery Service	\$100.00 per vehicle No. of vehicles _____	\$ _____
<input type="checkbox"/> Scavenger	\$750.00 per company	\$ _____

*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, 2021**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date