VILLAGE OF BURNI 14450 Manistee Aver Burnham, Illinois 606 villageofburnham@burnha Phone: 708-862-9150 Fax: 70 Robert E. Polk- Mayor Lus E.	nue Date Issued: 33 Expiration: m-il.gov Fees: Date of application:									
New-Business License Application										
APPLICANT:	PHONE:									
BUSINESS NAME:										
EIN NUMBER: BUSINESS PHONE:										
BUSINESS ADDRESS:										
CITY / STATE/ZIP:										
EMAIL ADDRESS:ALTERNATE PHONE:										
TYPE OF BUSINESS:										
OWNER INFORMATION:										
Name:	Phone:									
Address:	_ CITY / STATE/ZIP:									
** Notify the Clerk's Office of any Business Changes **										
□ Sole Owner If applicable: Business DBA Has assumed name been filed with Cook County Clerk? □ No □ Yes Date File: (Submit copy of certified Certificate issued by Cook County Clerk's Office) Type of Business: Retailers' Occupation Tax Registration No										
Partnership Number of Partners:	Date of Formation									
Illinois Corporation	Date of Incorporation									
Limited Liability Corporation	Date of Incorporation									
□ Foreign Corporation State of Corporation	Business Qualified Date									

Are there any other businesses you now or previously have owned/operated in Burnham, IL? If yes, list : ______Type: ______ _____Туре: _____ Do you own or lease business property? \Box No \Box Yes- Include a copy of the current lease. Building 🗌 Own Lease Square Foot Area: _____ Land □ Own Lease Square Foot Area: *Computation of square footage shall be included the entire floor area* and any adjacent areas used as an integral part of the necessary operation of the business Name of Owner: _____ Address of Owner: ______ Phone: ______ City / State / Zip: Name of Lessor: _____ Address of Lessor: Phone: City / State / Zip: Emergency Contact: Phone: Do you have an alarm system? ______ Alarm Company ______ Number of Vehicles owned and operated by the business: _____ Cars / ____ Trucks Year / Make/Model State & License No. Has the applicant had a license in this or another State revoked or suspended?

No
Yes If Yes, state the reason for suspension or revocation, the city and state, and the business activity or occupation of the applicant. Explain in detail: Are you indebted or obligated in any manner to the Village of Burnham? \Box No \Box Yes Sell Cigarettes Yes No Vendor Stamps: Will you have vending machines? \Box No \Box Yes List type and the number of machines: Number Туре Number Туре Number _____ Туре _____ Number Туре

ense No.	Name:	Annual Fee \$	Inspection Fee(s) \$
		** Business Licenses are not	
	** Busines	s Licenses are not renewable-	-
□ Sole O			
		te ID or Driver's License of Ow	ner
		rom Internal Department of R	
		y Clerk Registration or Illinois	
		nois-Certificate of Good Standi	
	Current Lea		
		ertificates (if applicable)	
	Current Liak		
Partne		•	
	•	tnership Agreement	
		te ID or Driver's License of par	tner(s)
		rom Internal Department of R	
		y Clerk Registration or Illinois	
	State of Illin	ois-Certificate of Good Standi	ng
	Current Lea		-
	ServSafe Cer	rtificates (if applicable)	
	Current Liak	oility Insurance	
🗆 Illinois	Corporation:	V-Needed	
	Current Stat	te ID or Driver's License of me	mber(s)
	EIN issued f	rom Internal Department of R	evenue
	Cook Count	y Clerk Registration or Illinois	Business Authorization
	State of Illin	nois- Articles of Incorporation	
	State of Illin	ois-Certificate of Good Standi	ng
	Operating A	Agreement	
	Current Lea	se	
	ServSafe Cer	rtificates (if applicable)	
	Current Liak	pility Insurance	
🗆 Limite	d Liability Corporatio	n: V-Needed	
	Current Stat	te ID or Driver's License of me	mber(s)
	EIN issued f	rom Internal Department of R	evenue
		y Clerk Registration or Illinois	Business Authorization
		ois- Articles of Incorporation	
		iois-Certificate of Good Standi	ng
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		rtificates (if applicable)	
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		y Clerk Registration or Illinois	Business Authorization
		icles of Incorporation	
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	Operating A		
		rtificates (if applicable)	
	Current Lea		
	Current Liak	pility Insurance	
			12/10/22

AFFIDAVIT

I, (We), the undersigned Applicant, swear (or affirm) that the statements and information contained in the foregoing Business License Application are true and correct, are made upon my (our) personal knowledge, and are made for the purpose of inducing the Village of Burnham to issue the herein applied for Business License.

Signature Required:
Sole Owner

	Signature	Date
	Print Name	
Signatures Required: 🛛 Partne	ership	
	Signature	Date
	Print Name / Title	
	Signature	Date
	Print Name / Title	
** All app	lications must be notarized **	
STATE OF)	5.	
COUNTY)		
	Public in and for said County, in t	the State aforesaid, CERTIFY THAT onally known to me to be the person(s)
	nent, appeared before me this day in person this day of, 20	
(Notary Seal)		
No	tary Public	
My Commission Expires:		

AFFIDAVIT

I, (We), the undersigned Applicant, swear (or affirm) that the statements and information contained in the foregoing Business License Application are true and correct, are made upon my (our) personal knowledge, and are made for the purpose of inducing the Village of Burnham to issue the herein applied for Business License.

Signatures Required: 🗌 Illinois Corporation Name _____

Corporate Seal		
	Signature	
	Print Name / Title	Date
	Signature	
	Print Name / Title	Date

Signatures Required: Limited Liability Corporation _____

Signature	Date
Print Name / Title	
Signature	Date
Print Name / Title	

Print Name

****** All applications must be notarized ******

STATE OF _____)) SS. COUNTY _____)

I,	the	undersigned,	а	Notary	Public	in	and	for	said	County,	in	the	State	aforesaid,	CERTIFY	THAT
											_pe	rsona	lly knov	vn to me to	be the per	rson(s)
wl	whose name(s)															
su	subscribed to the foregoing instrument, appeared before me this day in person.															

Subscribed and sworn to before me this ______ day of _____, 20__.

(Notary Seal)

Notary Public

My Commission Expires:

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