



**VILLAGE OF JUSTICE BUSINESS LICENSE APPLICATION**

8748 W. 82ND PLACE, JUSTICE, IL 60458  
PHONE: (708) 458-2130 FAX: (708) 458-3207



DATE: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_

BUSINESS  HOME OCCUPATION  REGISTRATION

TYPE OF OWNERSHIP:  CORPORATION  LLC  PARTNERSHIP  SOLE PROPRIETORSHIP

**BUSINESS INFORMATION**

TYPE OF BUSINESS: \_\_\_\_\_ ITEMS FOR SALE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ JUSTICE, IL 60458

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FEDERAL TAX ID # (FEIN): \_\_\_\_\_ ILLINOIS SALES TAX ID #: \_\_\_\_\_

**BUSINESS OWNER'S INFORMATION**

BUSINESS OWNER'S NAME: \_\_\_\_\_

OWNER'S HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

CONTACT PERSON OTHER THAN OWNER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**BUILDING OWNER INFORMATION**

BUILDING OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUILDING OWNER'S ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

**LICENSES**

TYPE: \_\_\_\_\_ ISSUING AUTHORITY: \_\_\_\_\_

TYPE: \_\_\_\_\_ ISSUING AUTHORITY: \_\_\_\_\_

TOBACCO SALES  LIQUOR SALES  VIDEO GAMING LICNESE: \_\_\_\_\_

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any facts, as stated or implied, given in my application, interview(s), or other forms will be sufficient reason not to approve my application.

**Applicant's Signature:** \_\_\_\_\_