

**VILLAGE OF BELLWOOD
OFFICE OF THE COMPTROLLER**

BUSINESS APPLICATION

3200 Washington Blvd., Bellwood, IL 60104
Phone: 708-547-3500 ext. 1504

- NEW
 RENEWAL

Category _____ Acct. # _____ BL # _____
Tax ID # _____ VNDG # _____

PLEASE TYPE OR PRINT

Date: _____ **No.**
Business Name: _____
Business Address: _____
Telephone: _____ Fax: _____ E-Mail: _____
Business Owner: _____
Home Address: _____ City _____ State _____ Zip _____
Telephone: _____ Fax: _____ E-Mail: _____
Business Manager: _____
Telephone: _____ Fax: _____ E-Mail: _____

DESCRIBE THE NATURE OF YOUR BUSINESS:

Products Sold : _____
Days & Hours of Operation: _____
Number of Employees: FT _____ PT _____ Number of Vehicles : _____
Parking Required: Yes _____ No _____. If "Yes", indicate number of spaces available: _____
Chemicals/Flammable Liquids stored on premises: Yes _____ No _____ If "Yes", please Specify: _____

SAMPLE
Do Not Print - Must Apply In Person

X _____
Signature of Owner/Manager

PLEASE CHECK WHAT APPLIES:

Application Processing Fee \$40.00

PLEASE MAKE CHECK PAYABLE TO: **VILLAGE OF BELLWOOD**

<u>TYPE OF LICENSE</u>	<u>FEES</u>	
_____ Square Footage Less Than 10,000 SQFT.	@ \$ 125.00	\$ _____
_____ Square Footage Over 10,000 SQFT.	@ \$ 300.00	\$ _____
_____ Cigarette Over Counter	@ \$ 200.00	\$ _____
_____ Electronic Coin Operated Games	@ \$ 450.00	\$ _____
_____ Food Vending Service.....1st Truck	@ \$ 350.00	\$ _____
Each Additional truck	@ \$ 150.00	\$ _____
_____ Gasoline Station	@ \$ 175.00	\$ _____
_____ Gas Nozzle - Each	@ \$ 45.00	\$ _____
_____ Laundromat	@ \$ 125.00	\$ _____
_____ Washer/Dryer Coin Operated	@ \$ 75.00	\$ _____
_____ Vending Machines	@ \$ 75.00	\$ _____
_____ Cook County Health Inspections (2 per year required)	@ \$ 60.00 per inspection	\$ _____
_____ OTHER _____		\$ _____

TOTAL AMOUNT DUE \$ _____

Received in Finance _____