



Village of Fox Lake
 Building & Community Development
 66 Thillen Dr. Fox Lake, IL 60020
 (847)587-3176
 www.foxlake.org

FOR OFFICE USE	
LICENSE NUMBER:	# _____
INSPECTION FEE:	\$ _____
LICENSE FEE:	\$ _____
VENDING FEE:	\$ _____
TOTAL:	\$ _____

APPLICATION FOR BUSINESS LICENSE

New Business
 Change of Owner
 Change of Address
 Annual Renewal

BUSINESS INFORMATION	
Business Name (DBA):	
Corporation Name:	
Business Address:	
Mailing Address:	
Business Phone:	Business Fax:
Sales Tax No:	FEIN No:

Business Type:
 Corporation
 Limited Partnership
 Partnership or Firm
 Sole Proprietorship

BUSINESS OWNER INFORMATION	
Owner Name:	
Address:	
Phone:	Fax:
Email Address:	
Owner Name:	
Phone:	Fax:
Email Address:	

PLEASE USE A SEPARATE SHEET FOR ADDITIONAL NAME OF ASSOCIATES OR PARTNERS

BUILDING OWNER INFORMATION	
Building Owner Name:	
Address:	
Phone:	Fax:

BILLING PARTY INFORMATION (WATER/SEWER/REFUSE/ETC.)	
Name:	
Mailing Address:	
Phone:	Email Address:

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LICENSE NUMBER:	# _____

VENDING

Describe all vending located in your establishment:

	YES	NO		VENDING FEE SUMMARY:
Coin Operated:			# _____	(\$30 each): _____
Entertainment (Pool Tables, Dart Boards, Juke Box, etc.)	Yes or No		# _____	(\$30 each): _____
Service (Vacuum, Air, etc.)	Yes or No		# _____	(\$30 each): _____
Food and/or Beverage	Yes or No		# _____	(\$30 each): _____
Delicatessen	Yes or No		# _____	(\$15 each): _____
Gas Pumps	Yes or No		# _____	(\$10 each): _____
Tobacco- Over the Counter	Yes or No		# _____	(\$35 each): _____
Tobacco- Vending Machine	Yes or No		# _____	(\$35 each): _____

VENDING TOTAL: \$ _____

COMMUNICATION

I would like to have my business information published in the Village's Local Business Directory on www.foxlake.org.

Website: _____

I THE UNDERSIGNED UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONED UPON THE COMPLIANCE WITH ALL VILLAGE ORDINANCES AND THE RESULT OF THE ABOVE PREMISES AT THIS TIME OR ANY SUBSEQUENT INSPECTION WHILE THIS LICENSE IS IN FORCE.

Signature of Applicant

Date

INSPECTION APPROVAL

Building Department:		NWRWRF:	
Initial: _____	Date: _____	Initial: _____	Date: _____
Fire Marshal:		Sewer/Water Department:	
Initial: _____	Date: _____	Initial: _____	Date: _____