

VILLAGE OF EVERGREEN PARK
APPLICATION FOR RENEWAL OF BUSINESS REGULATION CERTIFICATE
 9418 South Kedzie Ave.
 Evergreen Park, IL 60805
 (708) 422-1551 FAX: (708) 422-7818
 WWW.EVERGREENPARK-ILL.COM

Business Name:		Renewal Application Date:	
Doing Business As:		IL Business Tax Number (IBT):	
Address / City / State & Zip:			
Business Owner Name:		Home Address / City/ State & Zip:	
Business Owner (BUSINESS) Email Address:		Business Owner Home Phone / Cell:	
Manager Name:		Home Address / City / State & Zip:	
Manager (BUSINESS) Email Address:		Manager Home Phone / Cell:	
Specific Type of Business:		Total Square Footage of Business (All areas):	
Business Phone Number:			
Days and Hours of Operation:			
Has Applicant ever been arrested? () YES () NO / Has Applicant Ever Been Refused a Business License? () YES () NO			
Will there be vending machines on the premises? () YES () NO - If Vending is on premises - Complete form VEND 1001			
Completed by:			
Title:			
Signature:			
Date:			