Bus ID:	Date Paid:	Method:	By:	#SF if GP:	
Village of	Hoffman Estates BUSI	NESS/GENERAL PREMI	SE LICENSE App	lication (please call for fee	es)
1900 HAS	SELL ROAD HOFFMA	N ESTATES IL 60169	Village Cler	k Phone: 847-781-262	25
*New	Existing	Address Cho	ange	New Owner	_
	nformation:	·			
Business Addr	ress			Suite #	
HOFFMAN ES	TATES, IL Zip	Business Phone			
Business Fax		TAX ID #			
			(Required if your b	usiness charges sales tax)	
Business Emai	il	Websit	e		
*Expected Op	pening Date	Description of Bus	siness		
	Where do you want invoice	s mailed? (circle one) Busin	ess Address C	Corporate Address	
Owner Info	ormation:				
Individual Ow	ner or Corporation Name				
Corporate Ado	dress				
			City/State	Zip	
Phone		Local Contact Name _			
Diesse Res	nd Carefully & Initial:				
	e read and understand the	Village Commercial Wast	e & Recycling red	nuirements	
	e read and understand the				
	e completed the Occupance	=			
Illinois. I unde inspection of a	All companies doing business in a erstand the issuance of this Licer above premises at this time or a by mail or in person- Attention V	nse is conditioned upon compl ny subsequent time or any sub	liance with all Villago bsequent inspection v	e Ordinances and the results of while this license is in force. Re	f any eturn
Applicant Sig	gnature		Today's Date		