



# Village of Dolton

## Department of Revenue/Comptroller



14122 Chicago Rd, Dolton, Illinois 60419  
Phone: 708.849.4000 Fax: 708.201.3235  
**Mayor Riley H. Rogers**

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Stan Urban  
Village Administrator

February 1, 2015

Business License Holder  
Village of Dolton  
Dolton, Il 60419

**RE: UPDATE OF BUSINESS LICENSE APPLICATION**

Dear License Holder:

Please find the enclosed Business License Application for the year 2013-2014. The Village will be updating its records and it is imperative that you **complete all three (3) applications in their entirety.**

Please return the notarized applications to the Comptroller/Revenue Department by April 30, 2013 along with all applicable license fees. **All three (3) applications must be notarized.** Applications not notarized will not be accepted.

**We also request that you provide a copy of your food handling license, and a copy of your state business license.**

Respectfully Submitted,

Late fees will apply 05-01-13  
All applications can be found at [vodolton.org](http://vodolton.org)



# Village of Dolton Business License Application



14122 Chicago Rd, Dolton, Illinois 60419  
Phone: 708.841.2533 Fax: 708.201.3249

**Check One:**  New Business  Change of Ownership  Change of Business Address  Change of Mailing Address

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Cannot be a P.O. Box) Street Apt/Unit City State Zip

Mailing Address: \_\_\_\_\_  
(Cannot be a P.O. Box) Street Apt/Unit City State Zip

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Retailers Occupation Tax #: \_\_\_\_\_ FEIN#: \_\_\_\_\_

**Ownership Type:**  Sole  Corporation  Partnership  Family  LLC/LLP  Other

**Type of Business you are applying for (be specific, e.g. restaurant etc.)** \_\_\_\_\_

If change of ownership, indicate date change was made: \_\_\_/\_\_\_/\_\_\_ Date Business Opened: \_\_\_/\_\_\_/\_\_\_

Hours of Operation: Mon-Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_ # of Full Time Employees \_\_\_ # Part-time \_\_\_

Emergency Contact \_\_\_\_\_ Number: \_\_\_\_\_

Does Business Have Scavenger Service? \_\_\_ Yes \_\_\_ No If yes, Company \_\_\_\_\_

Alarm System on Premises: \_\_\_ Yes \_\_\_ No If yes, List Monitoring Company \_\_\_\_\_

**OWNER'S INFORMATION:** Name: \_\_\_\_\_ Other Lic. \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License or State ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Vending Machines: Type	Coin Slot	Vendor Name	Address	Phone

I understand that the issuance of this license is conditioned upon compliance with all Village of Dolton ordinances and statutes of the State of Illinois, the results of any inspection of the above premises, and any subsequent inspection while this license is in force, I further understand that if at any time any of the above information changes, including ownership or incorporation, I will dutifully notify the Village of Dolton in writing. I further understand that the Village of Dolton may suspend/revoke any business issued/license pending a hearing on charges of violations of the Dolton Municipal Code and/or Illinois laws.

Owner/Officer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public:

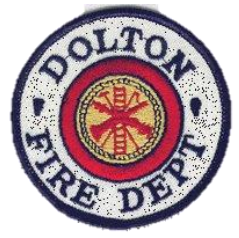
Seal:

**FOR OFFICE USE ONLY**

Bldg./Zoning \_\_\_ App. \_\_\_ Denied  
Health Dept: \_\_\_ App. \_\_\_ Denied  
Fire Dept: \_\_\_ App. \_\_\_ Denied



# Fire Department Business License Application



14011 Park Avenue, Dolton, Illinois 60419  
Phone: 708.849.2145 Fax: 708.201.3234

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Cannot be a P.O. Box) Street Apt/Unit City State Zip

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Hours of Operation: Mon-Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Alarm System on Premises: \_\_\_Yes \_\_\_No If yes, List Monitoring Company \_\_\_\_\_

Fire Alarm System on Premises: \_\_\_Yes \_\_\_No If yes, List Monitoring Company \_\_\_\_\_

# of Employees \_\_\_\_\_ Building Value \$ \_\_\_\_\_ Contents Value\$ \_\_\_\_\_  
(Estimate) (Estimate)

Type of Business: \_\_\_\_\_

Flammable Liquid Use/Storage(please specify) \_\_\_\_\_

Flammable Gasses Use/Storage(please specify) \_\_\_\_\_

Gross Flr Area \_\_\_\_\_Sq. Feet Gross Off Area \_\_\_\_\_Sq. Feet Gross Strg. Area \_\_\_\_\_Sq. Feet

### Key Holders, Managers and Responsible Employees to Notify in Case of Emergency (Please list in order to be called)

\_\_\_\_\_  
Name Home Phone Cell Email

\_\_\_\_\_  
Name Home Phone Cell Email

\_\_\_\_\_  
Name Home Phone Cell Email

**I understand that the issuance of this license is conditioned upon compliance with all the Village of Dolton ordinances, the results of any inspection of the above premises and any subsequent inspection while this license is in force. I further understand that if at anytime any of the above information changes, including ownership or incorporation, I will dutifully notify the Village of Dolton.**

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_



# Village of Dolton Police Department Business License Application



14030 Park Avenue, Dolton, Illinois 60419  
Phone: 708.841.2533 Fax: 708.201.3249

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 (Cannot be a P.O. Box)      Street                      Apt/Unit                      City                      State                      Zip

Phone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Hours of Operation: Mon-Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Alarm System on Premises:  Yes  No If yes, List Monitoring Company \_\_\_\_\_

Fire Alarm System on Premises:  Yes  No If yes, List Monitoring Company \_\_\_\_\_

**Key Holders, Managers and Responsible Employees to Notify in Case of Emergency  
(Please list in order to be called)**

Name	Home Phone	Cell	Email
Name	Home Phone	Cell	Email
Name	Home Phone	Cell	Email

**I understand that the issuance of this license is conditioned upon compliance with all the Village of Dolton ordinances, the results of any inspection of the above premises and any subsequent inspection while this license is in force. I further understand that if at anytime any of the above information changes, including ownership or incorporation, I will dutifully notify the Village of Dolton.**

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_