



# VILLAGE OF DOLTON

## Fire Department

### Business License Application

Riley H. Rogers.....Mayor

Mary Kay Duggan.....Village Clerk

#### TRUSTEES

Duane Muhammad

Stanley H. Brown

Tiffany Henyard

Valeria Stubbs

Robert E. Hunt, Jr.

Robert Pierson

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

Business Address: \_\_\_\_\_

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 \_\_\_\_\_ 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, Manager 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

I understand that the issuance of this license is conditional 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 any time any of the above information changes, including ownership or incorporation, I will dutifully notify the Village of Dolton.

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

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_