



VILLAGE OF DOLTON

Fire Department

Business License Application

Riley H. Rogers.....Mayor

Mary Kay Duggan.....Village Clerk

TRUSTEES

Duane Muhammad
Valeria Stubbs

Jason House
Deborah Denton

Tiffany Henyard
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: _____