



VILLAGE OF
DOLTON
"A Community Working Together"

Village of Dolton

Business License Application

14122 Dr. Martin Luther King Jr. Drive Dolton, IL 60419
Phone: 708-201-3296 Fax: 708-201-3233 Email: Permits@voldolton.org

Check One: New Business ☐ Renewal ☐ Change of Business Name/Address ☐

Name of Business: _____ DBA: _____

Business Address: _____
(No P.O. Box) Street City State Zip

Mailing Address: _____
(No P.O. Box) Street City State Zip

Phone #: (____) - _____ Fax #: (____) - _____ Email: _____

IL Dept. of Revenue (IBT #): _____ FEIN #: _____

Business Type: Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Family ☐ LLC/LLP/LP ☐ Other ☐ _____

Business Description: _____

Business License Type (Select all that apply):

Amusement / Entertainment: ☐
(Attractions, Machines, Halls, etc.)

Art / Culture: ☐
(Studios, Gallery, etc.)

**Video Gaming (Please refer to
Video Gaming Application):** ☐

Recreation: ☐
(Sports Club, Bowling, Karate, etc.)

Medical: ☐
(Ambulance, Dispensary, Laboratory,
Undertaker, etc.)

Warehouse / Storage: ☐

Automotive / Transportation: ☐
(Repair, Sales, Rental, Towing,
Garage, etc.)

Day Care (Child or Senior): ☐
(Nursing Homes, Nursery, etc.)

**C.P.A / Banking / Savings and
Loan:** ☐

Retail: ☐
(Gift Shops, Specialty Stores,
Clothing, General Merchandise, etc.)

Market / Grocery: ☐
Health & Beauty: ☐
(Barbershop, Salons (Hair & Nail),
Health Club)

Sales Offices: ☐

**Liquor (Please refer to Liquor
License Application):** ☐

Vending: ☐
(Food, Cigarette, etc.)

Animal Services: ☐
(Animal hospital, exterminator, etc.)

Tobacco: ☐

Industrial: ☐
(Welding, Grinding, Coal/Fuel, Glass,
etc.)

Hobby / Collectables: ☐

Agency / Broker: ☐
(Detective, Employment, Newspaper,
etc. / Insurance, Real Estate, etc.)

Restaurant / Food: ☐
(Bakery, Concession, Delicatessen,
Carry-Out, etc.)

Communication: ☐

Sweepstakes / Lottery: ☐

Hotel / Motel: ☐

Educational: ☐
(Driving, Nursing, etc.)

**Variety / Notion / Other: (Please
Specify _____)** ☐

Hours of Operations: Mon-Fri_____, Sat_____, Sun_____. Full-Time Employees #: _____ Part-Time #: _____

Emergency Contact(s):

Name: _____ Phone Number: (_____) - _____

Name: _____ Phone Number: (_____) - _____

Scavenger Service? (Check One) Yes ☐ No ☐ If yes, Company: _____

Alarm System on Premises? (Check One) Yes ☐ No ☐ If yes, Company: _____

Fire System on Premises? (Check One) Yes ☐ No ☐

Owner's Information: Name: _____ Other Lic: _____

Homes Address: _____
(No P.O. Box) Street City State Zip

Phone #: (_____) - _____ Fax #: (_____) - _____ Email: _____

Cell #: (_____) - _____

Driver's License / State ID #: _____ - _____ - _____

Vending Machines: Type	Coin Slot	Vender 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 result 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: _____

Date: _____

FOR OFFICE USE ONLY

Bldg./Zoning: Approved ☐ Denied ☐

Health Dept.: Approved ☐ Denied ☐

Fire Dept.: Approved ☐ Denied ☐

Received By

Date