



VILLAGE OF HOMER GLEN
14933 S. FOUNDERS CROSSING
HOMER GLEN, ILLINOIS 60491

<u>FOR VILLAGE USE ONLY</u>	
Submit Original to Village Clerk	
Application received on _____	
Check # _____	Amt. _____
Reg. No. _____	Date Issued _____

2010

APPLICATION FOR GENERAL BUSINESS REGISTRATION

**Submit completed application form and \$30.00 fee
Make Check Payable to Village of Homer Glen**

Please Note: Any misrepresentation or falsification of the information requested below may result in revocation of the registration as granted and fines may be applicable. For any questions, call Gale Skroboton at (708) 301-0632.

Name of Business: _____
Doing business as (if different than above) _____
Address: _____
City: _____ State: _____ Zip Code _____
Business Phone: (____) _____ Fax Number: (____) _____
E-mail _____ Website _____
Manager/Contact Person _____ Cell Phone #: (____) _____
Illinois Sales Tax Number _____
OR
Illinois Retailers Occupational Tax No. _____
() Open to the public () Home Business () Other _____
TYPE OF OWNERSHIP: () SOLE OWNERSHIP () PARTNERSHIP () CORPORATION
Required Information - License will not be issued unless completed!
OWNER'S NAME _____
HOME PHONE NO. (____) _____ CELL PHONE NO. (____) _____
HOME ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____
If more than one owner or partner, list all above requested information on a separate sheet and attach to this application.
_____ Signature of Owner or Agent for Owner
Date _____