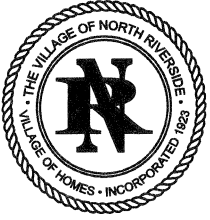


APPLICATION FOR BUSINESS LICENSE

VILLAGE OF NORTH RIVERSIDE



2401 South DesPlaines Avenue
North Riverside, Illinois 60546-1596
Phone: (708) 447-4211
Fax: (708) 447-4292

BUSINESS NAME AND LOCATION

CORPORATE NAME AND MAILING ADDRESS

NAME

NAME

ADDRESS

ADDRESS

LOCAL NORTH RIVERSIDE
BUSINESS PHONE NUMBER

PHONE

THE FOLLOWING INFORMATION MUST BE COMPLETED:

STATE TAX IDENTIFICATION NUMBER

FEDERAL EMPLOYEE IDENTIFICATION NUMBER

NATURE OF BUSINESS

NUMBER OF SQUARE FEET

NOTE: When submitting your monthly sales tax report to the State of Illinois, use Code Number 016-0111-3 for North Riverside.

Vending Machines Located in Store:

Type of Machine

Vending Lic. Number

ANNUAL FEE \$ _____

FOR PERIOD ENDING _____

OPENING DATE _____

The undersigned hereby applies for a business license to conduct the above described business within the Village of North Riverside, Illinois.

APPLICANT'S NAME

(Please Print)

APPLICANT'S SIGNATURE

Date _____

Title _____

APPROVED BY:

Date _____

Building Commissioner

White copy returned to applicant. Canary copy to building department. Pink copy retained in business office.