



VILLAGE OF LYONS BUSINESS LICENSE APPLICATION

Mayor Christopher Getty
4200 Lawndale Avenue, Lyons IL 60534
Office: 708-442-4500 Fax: 708-442-4432

Business Address: _____ New Business (Y/N): _____

Name & Type of Business: _____

Business Phone: _____ Business Fax: _____ Business Email: _____

Business Owner, Corporate, Partnership, or LLC

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Fax: _____

Email: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Fax: _____

Email: _____

State of IL Retail Occ. Tax No. _____ FEIN Number: _____

Local Scavenger Service: _____ Telephone: _____

EMERGENCY CONTACT PHONE NUMBERS

Emergency Name: _____ Phone: _____ Cell: _____

Emergency Name: _____ Phone: _____ Cell: _____

Property Owner Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Property Owner Phone: _____ Property Owner Cell: _____

I certify that the above information is true, accurate and complete. I further attest that I am responsible for compliance with all applicable federal and state laws, and Village codes and ordinances. I understand that the submission of an incomplete or false application may be the basis for denial, suspension or revocation of business license.

Signature of Owner or Corporate Officer

Please Print Name

Date



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Type of License	Amount	Fee
Business License		
Vending Machine(s)		
Poker Machine(s)		
Tobacco Vending Machine(s)		
Food & Beverage Inspections		
Tobacco Dealer		
RPZ / Backflow Fee		
Total Fees		

Date Received: _____ Processed by: _____ Check: <input type="checkbox"/> Cash: <input type="checkbox"/> MO: <input type="checkbox"/> Other: <input type="checkbox"/>			
Department	Approval By	Date	Comments
Building			
Fire			

A PENALTY OF 15% WILL BE ASSESSED FOR APPLICATIONS/FEEES NOT PAID PRIOR TO FEBRUARY 15. A COPY OF ALL REQUIRED STATE LICENSES (e.g. Dept. of Professional Regulation, Health Department, etc.) MUST BE ATTACHED.