

**VILLAGE OF MATTESON  
BUSINESS / TOBACCO LICENSE APPLICATION  
JANUARY 1, 2009 - DECEMBER 31, 2009**

**BUSINESS LICENSE FEE: \$150.00/YEAR**

*Please read both pages of this application thoroughly and **complete it in full**. Return it to the Village Clerk's office prior to December 1, 2008 or 30 days prior to the date you begin operating your business during 2009 to allow time for processing. You must include the appropriate fees for your business license (also food handler inspection fees and tobacco licensing, if applicable), in order for your license(s) to be issued. (\*Note: Fees for tobacco licensing and food handler inspections are listed on page two of this application.)*

**Please correct any printed information and complete any blanks by printing clearly. If proper information is not provided, the issuance of your license(s) will be delayed.**

Date of Application: \_\_\_\_\_

This Business is: New \_\_\_\_\_ Existing \_\_\_\_\_ Relocating within Matteson \_\_\_\_\_

Business Name: \_\_\_\_\_

Local Business Address: \_\_\_\_\_

Local Business Telephone Number: \_\_\_\_\_

**CORPORATION INFORMATION** (Please provide name of Officers on Page Two of this application)

Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Corporate Phone (include area code): \_\_\_\_\_

**(NOTE: The original license will be mailed to the local address for posting.)**

Type of Business\*: \_\_\_\_\_ **\*Food Handlers see Page 2**

Business Hours of Operation: \_\_\_\_\_

Is your Business temporary or seasonal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate the time period that you will be operating. \_\_\_\_\_

Illinois Retailer's Occupational Tax No. (Sales Tax No.) \_\_\_\_\_

Type of Alarm System: Fire \_\_\_\_\_ Burglar \_\_\_\_\_ None \_\_\_\_\_ Hold-up \_\_\_\_\_

Key Holders (Order to Call):

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Type/Print Name** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Zoning** \_\_\_\_\_ **Building** \_\_\_\_\_ **Police** \_\_\_\_\_ **Fire** \_\_\_\_\_ **Finance** \_\_\_\_\_

Date Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date License Issued \_\_\_\_\_

(Provide name and title of Officers below)

Name of Officers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARTNERSHIP INFORMATION** (If applicable)

Partner Name: \_\_\_\_\_  
 Partner Address: \_\_\_\_\_  
 Partner Phone: \_\_\_\_\_

**FOOD HANDLER:**

In addition to the business license fee, food establishments must pay an inspection fee as follows:

<b>Retail Food Store</b>	<b>\$100</b>
<b>Food Service Establishment</b>	<b>\$200</b>

**TOBACCO LICENSING:**

Fee of \$125.00 for each point of sale from which tobacco products are made available for sale or distribution to consumers.

*\*\*NOTE: If a licensee operates more than one tobacco vending machine at the same premises, the licensee shall pay the annual license fee of \$125.00 for the first tobacco vending machine license and \$25.00 for each additional tobacco vending machine license.*

**LIST EACH POINT OF SALE INDIVIDUALLY.** (i.e. Building, Stand, Store or Vending Machine). NOTE: Point of Sale does not include separate service counters or cash registers within a store or other place of business.

	<b>FEES</b>
TOBACCO LICENSE FEE(S) <i>(Please indicate Building, Stand, Store, or Vending Machine-include serial number)</i>	\$ _____ <i>(If applicable)</i>
_____	\$ _____
<b>LATE FEE.....</b>	<b>\$ _____</b>
FOOD HANDLER INSPECTION FEE – (\$100 or \$200)	\$ _____ <i>(If applicable)</i>
BUSINESS LICENSE FEE	\$ 150.00
<b>TOTAL DUE</b>	<b>\$ _____</b>

*Upon approval of your application, the original license will be mailed to the local address for posting. The tobacco product license emblem (if applicable) will be included within the business license.*