



Reviewed by Building Dept. _____
Reviewed by Police Dept. _____
Reviewed by Water & Sewer Dept. _____

**VILLAGE OF FOX RIVER GROVE
305 ILLINOIS STREET
FOX RIVER GROVE, ILLINOIS 60021**

Date: _____

APPLICATION FOR LICENSE

The undersigned hereby applies for a license to conduct the business of _____
_____ in the Village of Fox River
Grove, and states, under oath, that the following facts are true:

1. Name under which business is to be conducted _____
_____.
2. Address of location at which business is to be conducted _____
_____ ; Phone Number _____ ;
Emergency Phone Number _____ .
E-mail Address _____ .
3. Nature or type of business _____ ;
Number of full-time employees (employees who work more than 30 hours per
week) _____ ; Number of part time employees _____ .
4. The location at which the business is to be conducted is owned ___ leased ___
(check one) by the applicant. If the location is leased, state:
 - a. The type of lease (yearly, monthly, etc.) _____ .
 - b. The date the lease expires _____ .
5. a. State the name of the owner(s) of the business _____
_____ .
 - b. Indicate whether the owner(s) of the business is an individual _____, a
general partnership _____, a limited partnership _____, or a corporation
_____ .
 - c. If the owners of the business are individuals, state the name, residence address
and telephone number of each owner.

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

d. If the owner of the business is a corporation, state the name, residence address and telephone number of the corporation's officers and each shareholder of the corporation who owns more than five percent (5%) of the corporation's stock. Also attach to this application a copy of the corporation's charter.

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

e. If the owner of the business is a partnership, state the name, address and telephone number of each partner.

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

f. If the owner of the business is a limited partnership, state the name, address and telephone number of each general partner.

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

Name _____ Phone _____
Residence _____
Date of Birth _____

6. Will the business be conducted by a manager or agent? Yes _____ No _____.
If yes, then state the name, residence address and telephone number of the manager.

Name _____
Residence _____
Phone _____

7. List all addresses where the owners have operated the business for which a license is sought or a similar business at any time during the past five years.

8. If the owner(s) of the business is an individual or if the business is to be conducted by a manager, state the address of all residences of the owner or manager during the past five (5) years.

9. Has the owner ever had a license to conduct the business or a similar type of business revoked or suspended? Yes _____ No _____. If yes, describe where, when and the reason for the revocation or suspension.

10. Have any of the persons listed under Paragraph 5 or the manager of the business ever been convicted of a felony or misdemeanor? Yes _____ No _____. If yes, state:

(a) the name under which convicted, (b) the place and date of the conviction, and (c) the offense.

11. If business will sell food, maximum capacity _____.

12. If business is a laundry or dry cleaner, number of cleaning or drying units on premises _____.

13. List any vending machines on the business premises by (a) type, (b) product dispensed, and (c) prices for which product(s) dispensed is sold.

14. Illinois sales or occupation tax number _____.

15. E-mail address _____

The undersigned makes the statements above on behalf of the applicant to induce the Village of Fox River Grove to issue the license herein applied for and states on behalf of the applicant that the applicant understands and agrees that compliance with all applicable laws and village ordinances is a continuing condition for the issuance of the license.

Signed this _____ day of _____, 200_____.

Signature: _____

Title: _____

Signed and sworn to before
me this _____ day of
_____ 200_____.

NOTARY PUBLIC

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Fox River Grove Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in conducting our investigations by the Fox River Grove Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Fox River Grove Police Department from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

Witness

Signature (include maiden name)

Date: _____

Address: _____

Phone: _____

Date of Birth: _____

Social Security No.: _____



DEPARTMENT OF POLICE

Village of Fox River Grove

305 Illinois Street

Fox River Grove, IL 60021

847-639-2411 • 847-639-2445

Robert H. Polston
CHIEF OF POLICE

Dear Fox River Grove Businessman:

In an attempt to keep our records as up to date as possible, we are requesting that you take a few minutes out of your busy day and complete the form below. In the past we have occasionally tried to contact a certain party, only to find out we have no telephone number of our list or any other way to contact this person. The information that you submit will be used by the Fox River Grove Police Department in the strictest confidence and will not be given out to the general public.

Thank you in advance,

The Fox River Grove Police Department.

Name of the Business: _____

Address: _____

Business Telephone Number: _____

Owner/Manager: _____

Address: _____ Telephone Number: _____

NIGHT CALL OUT LIST

1. Name: _____ Address: _____
Home Phone: _____
2. Name: _____ Address: _____
Home Phone: _____
3. Name: _____ Address: _____
Home Phone: _____