

REGISTRATION FEE \$50.00

DATE RECEIVED: _____

Village Of Olympia Fields 2009 Business Registration
January 1, 2009- December 31, 2009

NAME OF BUSINESS: _____ **TYPE OF BUSINESS:** _____

NAME BUSINESS OWNER: _____

OLYMPIA FIELDS BUSINESS ADDRESS: _____

PHONE # (____) _____ FAX# (____) _____ E-MAIL: _____

HOURS OF OPERATION: _____ EMPLOYEES: FULL TIME _____ PART TIME _____

FEDERAL EMPLOYER IDENTIFICATION #: _____

DOES YOUR BUSINESS REQUIRE A LICENSE FROM THE STATE OF ILLINOIS? YES _____ NO _____

IF YES, LIST STATE TYPE, AND NUMBER OF EACH SUCH LICENSE: _____

KEYHOLDERS/EMERGENCY INFORMATION:

- 1. _____ HOME PHONE _____ PAGER/CELL _____
- 2. _____ HOME PHONE _____ PAGER/CELL _____
- 3. _____ HOME PHONE _____ PAGER/CELL _____

MANAGEMENT/LANDLORD INFORMATION:

NAME: _____ PHONE: (____) _____

ADDRESS: _____ FAX (____) _____

CORPORATION INFORMATION:

- CORPORATE NAME: _____
- CORPORATE ADDRESS: _____
- CORPORATE PHONE: () _____

(NOTE: THE ORIGINAL CERTIFICATE WILL BE MAILED TO LOCAL ADDRESS FOR POSTING)

ALARM INFORMATION: TYPE: FIRE _____ BURGLAR _____ HOLD-UP _____

I AGREE TO ABIDE BY ALL RULES, REGULATIONS, AND ORDINANCES OF THE VILLAGE OF OLYMPIA FIELDS. I FURTHER STATE THAT ALL THE INFORMATION ABOVE IS TRUE AND ACCURATE.

SIGNATURE: _____

NAME **(please print)** _____

HOME ADDRESS _____ PHONE _____

ALL APPLICATIONS MUST BE RECEIVED BY JANUARY 15, 2009. FAILURE TO COMPLETE AND RETURN THIS APPLICATION MAY RESULT IN THE ASSESSMENT OF FEES OR FINES IN ACCORDANCE WITH ORDINANCE NO. 2001-13.

FOR OFFICE USE ONLY:			
ADMINISTRATION _____	POLICE DEPARTMENT _____	FIRE DEPARTMENT _____	
DATE PAID: _____	CASH _____	CHECK # _____	CERTIFICATE MAIL DATE _____