

2200 S. Lowe Rd
P.O. Box 117
Aroma Park, IL 60910



815-937-1212
Fax: 815-937-1813

Date: _____

Business Name: _____

Doing Business Under The Name Of: _____
(exactly as you want it to appear on the license)

Business Address And Phone Number: _____

Nature of Business: _____
(I.E. Car Detail, Crafts, etc.)

Do You Offer A Service And Or Products For Resale: _____

Name Of Business Owners With Addresses And Phone Numbers: _____

Key Holders (Names, Addresses, Phone Numbers): _____
(In case of an emergency for the appropriate officials, (i.e. fire, police) to contact)

Managers (all) Name And Contact Information: _____

Taxpayer Identification Number (EIN): _____

Attach Separate Sheet Of Paper If Necessary)