

VILLAGE OF CRETE
APPLICATION FOR
BUSINESS LICENSE

Effective June 1 through May 31



DATE OF APPLICATION: _____

Name of Applicant: _____

Residence of Applicant: _____

Phone No. (home): _____ (work): _____

Drivers License No.: _____ Date of Birth: _____

Name of Business: _____

Type of Business Operation: _____

Location of Business (street and number): _____

Property Owner Name/Phone No.: _____

Proposed Opening of Business: _____ Proposed Hours: _____

Number of Employees (approx.): _____ (PT) _____ (FT)

Reference (preferably bank): _____

Reference (personal): _____

State of Illinois Sales Tax Number (if applicable): _____

1. Has any government body revoked or refused to grant a business or occupation license to applicant? _____ If yes, provide details on attached sheet.
2. Has applicant been in violation of any ordinance of the Village of Crete during the last 12 months? _____ If yes, state details on attached sheet.
3. Is applicant doing business, or has he/she done business in the past, using a name other than the name signed to this application? _____ If yes, explain on attached sheet.
4. Has applicant ever been arrested for or convicted of any crime other than a minor traffic violation? _____ If yes, explain on attached sheet.

I do hereby swear (affirm) that the statements contained in this application are true and correct to the best of my knowledge and belief. I, as the applicant, further affirm that the business licensed hereunder will be conducted and maintained in conformity with all applicable ordinances of the Village of Crete, and in a manner, which will not detract from the appearance of the area and understand that violation of any of the aforementioned could result in the revocation of my license.

Office Use Only:	Distributed (initial and date)	Approval (initial and date)
Zoning	_____	_____
Bldg. Dept.	_____	_____
Police Dept.	_____	_____
Fire Insp.	_____	_____
Code Enf.	_____	_____
(for license audit)		
Fee Paid:	_____	
Date Paid:	_____	
Receipt No.:	_____	

Signature of Applicant

Signature of Property Owner

Business Alarm / Key Holder

**VILLAGE OF CRETE
POLICE DEPARTMENT**

1370 BENTON STREET · CRETE, ILLINOIS 60417

(708) 672-0911 · FAX: (708) 672-3611

www.villageofcrete.org

***NOTE* Required fields must be filled in before you print or submit form.**

BUSINESS INFORMATION:

Business Type: _____ Phone Number: _____

Business Name: _____

Address: _____

Normal Business Hours: _____

OWNER INFORMATION:

Name: _____ Phone: _____

Address: _____

Email: _____ Secondary Phone: _____

Do You Have An Alarm: Yes _____ No _____

Alarm Type: Entry/Burglar _____ Fire _____ Hold-up _____ Other _____

Alarm Connected To: Doors _____ Windows _____ Register _____ Garage Doors _____

Safe _____ Sound _____ Motion Sensors _____ Light Beam _____ Misc _____

Alarm System Have Cameras: Yes _____ No _____

Location of Cameras: _____

Is Alarm Monitored: Yes _____ No _____

If Yes, List Alarm Company: Name: _____

Address: _____

Phone Number _____ Additional Information (Armed Guards, Dogs, Other) _____

KEY HOLDER INFORMATION:

(Please list ALL key holder in order on which they should be notified)

Primary

Keyholder: _____

Street

Address: _____

Phone Number: _____ Secondary

Phone: _____

Secondary

Keyholder: _____

Street

Address: _____

Phone Number: _____ Secondary

Phone: _____

Third

Keyholder: _____

Street

Address: _____

Phone Number: _____ Secondary

Phone: _____