

		REQUIRE COMPLIANCE WITH THE CTURE ACT OF 1989, AS AMENDED
FEE\$0		
APPLICANT		
		PO BOX
NAME OF BUSIN	ISS	
TELEPHONE HOME		BUSINESS
EMAIL ADDRESS		WEBSITE
PRINCIPLE BUS	INESS OR OCCUPAT	ION
SOLE OWNER, PA	ARTNERSHIP,	
HOURS AND DAYS	OF OPERATION,	
DATE BUSINESS	TO BEGIN,	
NUMBER OF BUS	INESSES OPERATEI	O AT THIS LOCATION,
BY WHAT MEANS	ARE DELIVERIES	TO BE MADE
BUSINESS SIGN:	SIGNS ARE NOT A	LLQWED IN RESIDENTIAL AREAS
CUSTOMER PARKI	ING NEEDED YES	S NO
IF YES WHERE W	ILL CUSTOMER PAR	RK
DRIVERS LICENS	SE#	DATE OF BIRTH
SS #		
		SIGNATURE OF APPLICANT DATE
APPROVED:	DEI	NIED:
VILLAGE ADMI	NISTRATOR DATE	VILLAGE CLERK DATE
	(708) 2	58-3279
pdated 02/2024		

WWW.VILLAGEOFPEOTONE.COM

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