

Village of Kenilworth Application for Restaurant License

Date:	<input type="checkbox"/> New business <input type="checkbox"/> Existing business	Initial License Fee:	
1. BUSINESS INFORMATION			
A. Corporation name:		B. Business name:	
C. Character of business		D. Length of time in business of that character	
E. Previous business name (if changed):			
F. Business address (city, state, zip code):			
G. Business telephone:	H. Business website:	I. Business Email:	J. Illinois business tax #
2. BUSINESS ESTABLISHMENT LOCATION INFORMATION			
A. Address to which permit would be valid (exact street address):		Kenilworth, IL 60043	
3. BUSINESS TYPE			
Describe the nature of the business / principal kind of business / number of seats:			
Hours of Operation: <input type="checkbox"/> Sunday to <input type="checkbox"/> Monday to <input type="checkbox"/> Tuesday to <input type="checkbox"/> Wednesday to <input type="checkbox"/> Thursday to <input type="checkbox"/> Friday to <input type="checkbox"/> Saturday to			

I, the Applicant and/or duly appointed representative, have reviewed the prepared application and accept it as true and correct to the best of my knowledge. I agree to report any changes to the contents of this application, whether they occur before or after a license is issued, to the village of Kenilworth within 30 days. I agree to notify the village of Kenilworth of any and all changes in corporate stockholder shares, corporate officers and directors.

Signature of Applicant

Date