

Village of Lisle  
Business Office  
925 Burlington Avenue  
Lisle, Illinois 60532  
(630) 271-4100  
Mon-Fri 7 a.m. to 5 p.m.  
businessofficedept@villageoflisle.org



Office Use Only:  
Bus. ID: \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

Please check one:  New Business  New Owner of Existing Business  Renewal

Type of Ownership:  Corporation  LLC, LLP  Sole Proprietor  Other: \_\_\_\_\_

Name of Corporation, LLC, LLP, Sole Proprietor, etc.: \_\_\_\_\_

Office Address of Corporation, LLC, LLP, Sole Proprietor: \_\_\_\_\_

Office Phone: \_\_\_\_\_ IL Tax No. or FEIN: \_\_\_\_\_  
(Sole proprietors using their Soc. Sec. numbers, please leave blank)

Identify all 10% or more owners, and all officers (**attach separate sheet if necessary**):

Name: \_\_\_\_\_  
**Home**  
**Address:** \_\_\_\_\_

Name: \_\_\_\_\_  
**Home**  
**Address:** \_\_\_\_\_

DL No.: \_\_\_\_\_ State: \_\_\_\_\_

DL No.: \_\_\_\_\_ State: \_\_\_\_\_

Local Business Name (Assumed or d/b/a Name): \_\_\_\_\_

Lisle Address (No P.O. Box, **Please include suite number**): \_\_\_\_\_

Mailing Address (If different than above): \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Local Manager: \_\_\_\_\_

Manager's DL No.: \_\_\_\_\_ Manager's home/cell phone: \_\_\_\_\_

Are there food, beverage, or tobacco vending machines, coin-op games or musical devices onsite?  Yes  No

Mail License Renewal Application to:  Local Business Address  Corporate, LLC, LLP, Sole Proprietor Address

Licenses applying for or renewing (all food dealers must attach current copy of county health permit or inspection report):

**TOTAL DUE** \_\_\_\_\_

The information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Owner, Officer, or Agent \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Received: \_\_\_\_\_ Date: \_\_\_\_\_ Zoning Approval: \_\_\_\_\_