

Village of Lisle
Customer Service
925 Burlington Avenue
Lisle, Illinois 60532
(630) 271-4100
Mon-Fri 7 a.m. to 4:30 p.m.
customerservice@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: _____

DL No.: _____ State: _____

Name: _____
Home Address: _____

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: _____