

COMPLETE ONLY IF YOU SELL FOOD, TOBACCO OR HAVE VENDING MACHINES ON PREMISES

SUPPLEMENTAL BUSINESS LICENSE APPLICATION 2014

Name of Business:
IF YOU OPERATE A FOOD SERVICE ESTABLISHMENT, COMPLETE THE FOLLOWING:
Are you and your establishment in compliance with all applicable federal and state regulations? \Box Yes \Box No
If YES, attach copies of all documents evidencing such compliance. (i.e. Lake County Health Department Food Service Permit)
If NO, state the basis for the lack of compliance, reasons therefore, and date after which the establishment will be in full compliance:
Do you employ waiters or waitresses?
Do you sell or offer for sale prepared food for consumption on or off the premises? Yes No
Do you sell or offer for sale food or food products intended for off-premises preparation? Yes No
IF YOU OPERATE ONE OR MORE FOOD VENDING MACHINES, COMPLETE THE FOLLOWING:
Total number of machines operated by applicant:
Location of each machine:
Types of products dispensed through each machine:

* Attach additional sheets if necessary

COMPLETE THIS SECTION IF YOUR BUSINESS SELLS CIGARETTES, TOBACCO OR TOBACCO PRODUCTS ("TOBACCO"):

Has the applicant or any partner ever been convicted of any offense concerning gambling or the manufacture, possession or sale of tobacco or any felony under any federal or state law or local ordinance? Yes No				
If YES, complete the following	ng with respect to each offense	r.		
Date	Location:			
Prosecuting Authority:				
Offense Charged:				
Disposition:				
Underlying facts:				
	bacco will be sold a store or ot principal business transacted No			
Village of Long Grove Licens	officers, principals, and agent sing ordinance, including the romake any necessary inspection requirements.	equirement that the applicant	shall agree to permit	
The applicant states that it kn continued as a result of granti	ows of no violation of the Villing this license application.	age of Long Grove Code that	would be created or	
	nat the applicant has complied usiness, occupation or activity		l state laws and local	
Dated this	day of		20	
I (We) certify that the information contained in the above and attached sheets are true to the best of my (our) knowledge.				
Signature(s) of applicant(s)*				
Signature		Date		
Printed Name		Title		