Village of Johnsburg
2015 Business Registration

Date: _____

1. Business Name:_____

2. Business Address: _____ _____ ____ ____

3. Mailing Address: _____ _____ ____ ____
   (If different than business address)

4. Owner's Name: _____

5. Owner's Address: _____

6. Business Phone:_____ Fax: _____

7. Emergency contact names (Please provide 3 names & phone numbers of Key Holders):

1._____

2._____

3. _____

8. Primary Nature of Business: _____

9. How many years in business: _____Years in Johnsburg? _____

10. Illinois Retailers Occupation Tax#:_____

11. Health Permit # (if applicable):_____

12. Number of vending machines: _____

13. Email Address: _____

VENDING/ELECTRONIC DEVICE
RENEWAL FORM

Name of Business

Type of Vending/Electronic Device: Please list names of video games etc.		**To be filled out at Village Hall**
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____

Subtotal Page 1: 0_____

Type of Vending/Electronic Device:
Please list names of video games etc.

	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____
	0	_____

TOTAL AMOUNT:_____

DATE RECEIVED:_____

$25.00 VENDING LICENSES

$75.00 AMUSEMENT LICENSES