



Village of Carol Stream

500 N. Gary Avenue - Carol Stream, Illinois 60188-1899
 (630) 665-7050 - Fax (630) 665-7058

2010 Business Registration

Company Name: _____

Fed. Tax ID/TIN: _____

Retail Sales Tax ID: _____

SIC Code: _____

| LOCAL INFORMATION | | |
|-------------------------------|------------------------|---------|
| Local Address: | | |
| City/State/ZIP: | Carol Stream, IL 60188 | |
| Phone: | | |
| Owner/GM: | | |
| Title: | | |
| E-mail address: | | |
| BILLING INFORMATION | | |
| Billing Address: | | |
| City/State/ZIP | | |
| Phone: | | |
| Contact Name: | | |
| Title: | | |
| BUILDING OWNER INFORMATION | | |
| Owner Address: | | |
| City/State/ZIP: | | |
| Phone: | | |
| Owner Name: | | |
| EMERGENCY CONTACT INFORMATION | | |
| Name: | Phone1: | Phone2: |
| | | |
| | | |
| | | |

On what date did your business open in Carol Stream? _____

How many employees at your Carol Stream location? _____

Is your business conducted within a residential dwelling? _____

Please describe the nature of your business and the products and/or services you provide:

TOBACCO

Are tobacco products sold over-the-counter in connection with your business? _____

Are tobacco products sold or dispensed through vending machine(s)? _____

If yes, the number of machines on your premises _____

Do you wish the Village to provide you with required signage for tobacco sales? Yes No

If yes, indicate the number of signs you would like mailed to you. _____

VENDING

Indicate the number of vending machines at your location (see instructions for details).

If applicable, please indicate whether you (Company), or your vending company (Vending), will purchase vending licenses for machines on your premises. (circle one) Company
Vending

If your vending company will purchase your vending licenses, please indicate their name, address and contact person below:

AMUSEMENTS

Indicate the number of amusement devices at your location (see instructions for definitions). _____

Indicate the number of pool tables at your location. _____

Indicate the number of juke boxes, or similar devices, at your location. _____

Indicate the number of coin operated children's rides at your location. _____

| LICENSE TYPE | Quantity | Cost/Each | Total |
|--|----------|-----------------|-------|
| Business: | | \$25.00 | |
| Bank: | | \$50.00 | |
| Game Room (see chart below): | | By Class | |
| Tobacco: | | \$100.00 | |
| Vending Machines: | | \$15.00 | |
| AMUSEMENT LICENSES | | | |
| Amusement Devices: | | \$55.00 | |
| Pool Tables: | | \$40.00 | |
| Juke Boxes: | | \$25.00 | |
| Coin Operated Children's Rides: | | \$15.00 | |

GAME ROOM LICENSE CLASSIFICATIONS:

| TOTAL AMOUNT DUE | | |
|------------------|-------------------|-----------------|
| Class | Number of Devices | Annual Fee |
| A | 20 or more | \$600.00 |
| B | 6 to 19 | \$300.00 |
| C | 2 to 5 | \$175.00 |

NEW APPLICANTS: After June 30th - fees are 1/2 annual amount.