



Village of Carol Stream

500 N. Gary Avenue - Carol Stream, Illinois 60188-1899
 (630) 665-7050 - Fax (630) 665-1064

Date Paid:	_____
Payment Type:	_____
Approved By:	_____

Business Registration

Company Name: _____ Fed. Tax ID/TIN: _____
 Retail Sales Tax ID: _____
 SIC Code: _____

** (REQUIRED)** Describe the nature of your business - the products and/or services you provide:			
LOCAL INFORMATION			
Operating Name:			
Local Address:			
City/State/ZIP:			
Phone No.:			
Opened in CS:			
No. of Employees:			
Residential:			
Corporate Name:			
Corporate Address:			
City/State/ZIP:			
E-mail Address:			
BILLING INFORMATION			
Contact Name:			
Title:			
Billing Address:			
Address:			
City/State/ZIP:			
Phone No.:			
OWNER/OPERATOR/MANAGER INFORMATION			
Business Type:			
Owner/GM:			
Title:			
Home Address:			
City/State/ZIP:			
Phone No.:			
CORPORATE OFFICERS OR PARTNER INFORMATION			
Name and Title:	Address	City/State/ZIP	Phone No.

FORM CONTINUED ON REVERSE SIDE

EMERGENCY KEY HOLDERS (OTHER THAN OWNER)

Name	Address	Home Phone	Cell Phone

BUILDING OWNER OR MANAGEMENT COMPANY

Name	Address	Home Phone	Cell Phone

VENDING

Indicate the total 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. _____

FEE SCHEDULE

REGISTRATION FEE REQUIRED ALL BUSINESS **\$ 25.00** _____

VALID JANUARY 1 THROUGH DECEMBER 31

ADDITIONAL REGISTRATION FEES IF APPLICABLE

BANK (Additional fee required with \$25 Registration Fee) **\$ 50.00** _____

TOBACCO **\$100.00** _____

Do you wish the village to provide you with required signage for tobacco sales? (Circle One) Yes or No
 If yes, indicate the number of signs you would like mailed to you. _____

AMUSEMENTS

Game Room License Classifications:

'A' Class	20 or more devices	\$600.00	_____
'B' Class	6 or 19 devices	\$300.00	_____
'C' Class	2 or 5 devices	\$175.00	_____

Devices (see instructions for definitions)

Amusement Devices	_____ X	\$ 55.00	_____
Pool Tables	_____ X	\$ 40.00	_____
Juke Boxes	_____ X	\$ 25.00	_____
Coin Operated Children's Rides	_____ X	\$ 15.00	_____

VENDING

(Enter number of vending machine licenses paid by your company) _____ X **\$ 15.00** _____

TOTAL OF ALL FEES _____

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