



# VILLAGE of MONEE

Mayor JAY FARQUHAR



## BUSINESS LICENSE APPLICATION 2016

date \_\_\_\_\_

### CONTACT DATA—ADDENDUM

contact data sheet \_\_\_ of \_\_\_

Please fully complete info for each contact. **Use extra sheets as necessary.** All contact types that apply should be provided. *For individual owners/partners/managers please also include info in blue. For owners /partners /shareholders identify percentage of business owned.* Provide updates to the Village within 10 days of any changes.

#### Contact Type:

Owner  Partner  Corporation  Manager  Landlord  Property Mgr  Security/Alarm  \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  Cell

Address: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  \_\_\_\_\_

Address2: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_ \_\_\_\_\_% Owned

Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_  Male  Female

Additional Info: \_\_\_\_\_

#### Contact Type:

Corporate  Owner  Partner  Manager  Landlord  Property Mgr  Security/Alarm  \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  Cell

Address: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  \_\_\_\_\_

Address2: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_ \_\_\_\_\_% Owned

Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_  Male  Female

Additional Info: \_\_\_\_\_

#### Contact Type:

Corporate  Owner  Partner  Manager  Landlord  Property Mgr  Security/Alarm  \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  Cell

Address: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  \_\_\_\_\_

Address2: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_ \_\_\_\_\_% Owned

Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_  Male  Female

Additional Info: \_\_\_\_\_

#### Contact Type:

Corporate  Owner  Partner  Manager  Landlord  Property Mgr  Security/Alarm  \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  Cell

Address: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  \_\_\_\_\_

Address2: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_ \_\_\_\_\_% Owned

Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_  Male  Female

Additional Info: \_\_\_\_\_