



**APPLICATION FOR BUSINESS LICENSE**

Calendar Year: 20\_\_ - 20\_\_

Type of License: **Business License** \_\_\_\_\_ **Liquor License** \_\_\_\_\_  
 Corporation \_\_\_\_\_ LTD Liability \_\_\_\_\_  
 Business Type: Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_  
 Trust \_\_\_\_\_  
 Application Type: New Application \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 Change of Owner \_\_\_\_\_  
 Address Change \_\_\_\_\_  
 Business Name Change \_\_\_\_\_

Has your business been licensed previously by Hanley Hills? \_\_yes \_\_no (if yes, give latest year) 20\_\_  
 How long have you been in business? \_\_\_\_\_months \_\_\_\_\_years  
 How long have you been at the above location? \_\_\_\_\_months \_\_\_\_\_years

**Company Information**

Name: \_\_\_\_\_ Tax Id#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_-  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Email: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_-

**Hours of Operation:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Type of business: Retail \_\_\_\_\_ Service \_\_\_\_\_ Other \_\_\_\_\_ (if other please list)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are products sold?  Yes  No (if yes, please list all products sold)  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Owner Information**

Name: \_\_\_\_\_ Home: ( )\_\_\_\_\_-

Title: \_\_\_\_\_ Mobile: ( )\_\_\_\_\_-

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home: ( )\_\_\_\_\_-

Relationship: \_\_\_\_\_ Mobile: ( )\_\_\_\_\_-

Name: \_\_\_\_\_ Home: ( )\_\_\_\_\_-

Title: \_\_\_\_\_ Mobile: ( )\_\_\_\_\_-

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home: ( )\_\_\_\_\_-

Relationship: \_\_\_\_\_ Mobile: ( )\_\_\_\_\_-

Name: \_\_\_\_\_ Home: ( )\_\_\_\_\_-

Title: \_\_\_\_\_ Mobile: ( )\_\_\_\_\_-

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home: ( )\_\_\_\_\_-

Relationship: \_\_\_\_\_ Mobile: ( )\_\_\_\_\_-

**NOTICE:** This information will be updated annually at the time of your business renewal. We are requesting that you inform us if your status changes. This Village of Hanley Hills will maintain this information on file at the City Hall for the purpose of future business licenses.



Security Information (if applicable)

Alarm Company: \_\_\_\_\_ Phone: ( )\_\_\_\_-
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_

On this \_\_\_ (day) of \_\_\_\_\_ (month) of 20\_\_\_\_, I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I have obtained any and all consents, authorizations, variances, waivers, licenses, permits and approval for any federal, state, county, municipal or other governmental or quasi-governmental agency, department, board, commission, bureau, other entity or third party necessary for the operation of my business in compliance with all applicable federal, state, and city laws and regulations, and that I will operate my business in accordance therewith. I further understand that any false statements made above are grounds for denial, suspension or revocation of my business license. \_\_\_initials

I understand the terms and conditions listed above. By signing below, I am agreeing that the information is true and I will comply with all of the village's ordinances.

Applicant's Signature \_\_\_\_\_ Title/Position \_\_\_\_\_
Village Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return entire application with required tax & licensing information to the above address. Make all checks payable to The Village of Hanley Hills.

-----FOR OFFICE USE ONLY-----

Type of License: [ ] Business [ ] Liquor Expiration Date: \_\_\_\_-\_\_\_\_-\_\_\_\_
Amount Paid: \$ \_\_\_\_\_. \_\_\_\_\_ Tender Type: [ ] cash [ ] check [ ] m/o [ ] credit/debit card
Check/MO #: \_\_\_\_\_ Card Type: [ ] Visa [ ] Discover [ ] MasterCard
Business License #: 20\_\_-\_\_\_\_BL Liquor License #: 20\_\_-\_\_\_\_LQ
Approved by Board of Trustees: \_\_\_\_-\_\_\_\_-\_\_\_\_