

**CITY OF CREST HILL
APPLICATION
OUTDOOR GENERAL STORAGE FACILITY**

APPLICANT'S NAME _____ DATE OF BIRTH _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY# _____

HOME ADDRESS _____
STREET CITY

STATE ZIP CODE PHONE#

BUSINESS NAME _____ PHONE# _____

BUSINESS ADDRESS _____
STREET

CITY STATE ZIP CODE

NUMBER OF PERSONS ENGAGED OR EMPLOYED IN PLACE OF BUSINESS IN CREST HILL, INCLUSIVE OF OWNER OR OWNERS _____

ILLINOIS STATE SALES TAX NUMBER _____

FEDERAL WEAPONS DEALERS NUMBER _____

STATE OF ILLINOIS F.O.I. _____

APPLICANTS SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

DATE PAID _____ AMOUNT _____

PERMIT NUMBER _____