

CITY OF CREST HILL

APPLICATION FOR RESTAURANT/FOOD AND DRINK LICENSE

NAME OF ESTBLISHMENT: _____

PHONE NUMBER: _____

APPLICANTS NAME: _____ PHONE# _____

APPLICANTS ADDRESS: _____

APPLICANT TITLE (OWNER/PARTNER/MANAGER.ETC.): _____

IF PARTNERSHIP, PLEASE STATE PARTNER'S NAME, ADDRESS & PHONE # _____

TYPE OF BUSINESS (RESTAURANT/TAVERN/STORE/ETC. _____

NUMBER OF EMPLOYEES _____

PLEASE CIRCLE THE CATERGORY WHICH BEST DESCRIBES YOUR PLACE OF BUSINESS:

ALCOHOLIC ONLY

FOOD & ALCOHOL

FOOD & NON-ALCOHOLIC

I, _____, the applicant, do hereby certify that the requirements of the State of Illinois, County of Will and Duration of the license (if issued) and that the statements herein are correct and true to the best of my ability.

SIGNATURE

DATE

LICENSE FEE:\$100.00

TITLE

TO BE COMPLETED BY HEALTH OFFICER

RECOMMENDATION _____ LICENSE BE GRANTED _____

LICENSE DENIED _____ REASON _____

SIGNATURE _____

TO BE COMPLETED BY CITY CLERK'S OFFICE

LICENSE# _____ DATE APPROVED _____