



# VILLAGE OF ORLAND HILLS

Phone:  
708/349-4887

16033 South 94th Avenue  
Orland Hills, Illinois 60487-4623

Fax:  
708/349-1358

## 2026 ~ BUSINESS LICENSE APPLICATION ~ 2026

*Please Print or Type*

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attention: \_\_\_\_\_ Owner \_\_\_\_\_ Manager \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*(INCLUDE COPY OF TITLE COMMITMENT OR LEASE COMMITMENT FOR BUSINESS LOCATION)*

### MAILING INFORMATION

*Mailing Address: Please indicate appropriate address for correspondence & billing.*

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attention: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### OWNER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### IN CASE OF EVENING EMERGENCY, CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of business: \_\_\_\_\_

Product or services offered: \_\_\_\_\_

Illinois sales tax number

Total square footage of the business, including storage areas \*  sq. ft.

Hours of operation: Sunday \_\_\_\_\_ am to \_\_\_\_\_ pm

Mon. \_\_\_\_\_ am to \_\_\_\_\_ pm

Thurs. \_\_\_\_\_ am to \_\_\_\_\_ pm

Tues. \_\_\_\_\_ am to \_\_\_\_\_ pm

Fri. \_\_\_\_\_ am to \_\_\_\_\_ pm

Wed. \_\_\_\_\_ am to \_\_\_\_\_ pm

Sat. \_\_\_\_\_ am to \_\_\_\_\_ pm

~ 2026 Fee Schedule ~

**Part 1**

<u>Square Footage</u>	<u>Fees</u>
0 - 2,000	\$ 160.00
2,001 - 4,000	\$ 320.00
4,001 - 6,000	\$ 480.00
6,001 - 8,000	\$ 640.00
8,001 - 10,000	\$ 800.00
10,001 - 12,000	\$ 960.00
12,001 - 14,000	\$1120.00
14,001 - 16,000	\$1280.00
Over 16,000	\$1440.00

**Part 2**

<u>Inspection Fees</u>	<u>Amt Each</u>	<u>Number Inspections</u>	<u>Total Due</u>
Elevator Inspections	\$150.00	_____ \$	_____
Health Inspections	\$300.00	_____ \$	_____
RPZ	\$50.00	_____ \$	_____
Ground Sign	\$50.00	_____ \$	_____
Wall Sign	\$50.00	_____ \$	_____

2. \*\*\* Total Inspection Fees Due \$ \_\_\_\_\_

1. Total Sq Ft Fees Due \$ \_\_\_\_\_

**Part 3**

Vending & Amusement Fees

Amusement Device \$200.00      Tobacco Vending Machine \$150.00  
 Video Gaming Terminals \$250.00      All Other Vending Machines \$75.00

**VENDING MACHINE & AMUSEMENT DEVICE REGISTRATON**

<u>Type/name of device</u>	<u>Serial Number</u>	<u>Fee</u>	<u># Issued OFFICE ONLY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Total vending Fees Due \*\*\$ \_\_\_\_\_

Part 1 – Square Footage Fee: \$ \_\_\_\_\_

Part 2 – Inspection Fee: \$ \_\_\_\_\_

Part 3 – Vending Fee: \$ \_\_\_\_\_

**NOTE:** Add Parts 1, 2 and 3 for total amount due

**Total Amount Due: \$ \_\_\_\_\_**

I hereby state that all of the above information is true to the best of my knowledge and belief. I agree to comply with all Village and state codes, ordinances, and laws. I will not alter any of the conditions as so stated on this application without Village approval. Misrepresentation and/or failure to comply with the requirements of this license can result in late charges, additional fees, penalties, citations, and possible revocation of license.

Signature of Owner/Manager \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Date Received: \_\_\_\_\_ Cash/Check# \_\_\_\_\_

Date Approved: \_\_\_\_\_ By: \_\_\_\_\_ License No: \_\_\_\_\_