



Village of Woodridge

BUSINESS LICENSE RENEWAL APPLICATION

APPLICATION IS HEREBY MADE TO THE VILLAGE OF WOODRIDGE FOR A BUSINESS LICENSE RENEWAL UNDER THE CODE OF ORDINANCES OF THE VILLAGE OF WOODRIDGE.

LICENSE RENEWAL APPLICATIONS WILL NOT BE ACCEPTED UNLESS INFORMATION IS PROVIDED IN FULL. (PLEASE NOTE: "SAME AS LAST YEAR" IS NOT AN ACCEPTABLE ENTRY.)

PLEASE PRINT

BUSINESS NAME _____

BUSINESS STREET ADDRESS _____

SUITE/UNIT NUMBER _____

CITY, STATE, ZIP CODE _____

COUNTY _____

MAILING STREET ADDRESS _____
(IF DIFFERENT FROM BUSINESS ADDRESS)

CITY STATE, ZIP CODE _____

BUSINESS PHONE/FAX _____ / _____

BUSINESS EMAIL _____

EMERGENCY PHONE _____

BUSINESS OWNER

BUSINESS OWNER _____

ADDRESS _____

EMAIL/PHONE NUMBER _____ / _____

MANAGER

PRIMARY MANAGER _____

PRIMARY MANAGER ADDRESS _____

EMAIL/PHONE NUMBER _____ / _____

LIQUOR MANAGER (if applicable)

PRIMARY LIQUOR MANAGER _____

LIQUOR MANAGER ADDRESS _____

EMAIL/PHONE NUMBER _____ / _____

NUMBER OF EMPLOYEES _____
(at Woodridge location as of 12/31/11)