



**COMPLETE ONLY IF YOU SELL FOOD, TOBACCO  
OR HAVE VENDING MACHINES ON PREMISES**

**SUPPLEMENTAL BUSINESS LICENSE  
APPLICATION**

Name of Business: \_\_\_\_\_

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**IF YOU OPERATE A FOOD SERVICE ESTABLISHMENT, COMPLETE THE FOLLOWING:**

Are you and your establishment in compliance with all applicable federal and state regulations? ☐ Yes ☐ No

If YES, attach copies of all documents evidencing such compliance.  
(i.e. Lake County Health Department Food Service Permit)

If NO, state the basis for the lack of compliance, reasons therefore, and date after which the establishment will be in full compliance:

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

Do you employ waiters or waitresses? ☐ Yes ☐ No Number \_\_\_\_\_

What is the seating capacity of your establishment? \_\_\_\_\_

Do you sell or offer for sale prepared food for consumption on or off the premises? ☐ Yes ☐ No

Do you sell or offer for sale food or food products intended for off-premises preparation? ☐ Yes ☐ No

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**IF YOU OPERATE ONE OR MORE FOOD VENDING MACHINES, COMPLETE THE FOLLOWING:**

Total number of machines operated by applicant: \_\_\_\_\_

Location of each machine: \_\_\_\_\_

Types of products dispensed through each machine:

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

**COMPLETE THIS SECTION IF YOUR BUSINESS SELLS CIGARETTES, TOBACCO OR TOBACCO PRODUCTS ("TOBACCO"):**

Has the applicant or any partner ever been convicted of any offense concerning gambling or the manufacture, possession or sale of tobacco or any felony under any federal or state law or local ordinance? ☐ Yes ☐ No

If YES, complete the following with respect to each offense:

Date \_\_\_\_\_ Location: \_\_\_\_\_

Prosecuting Authority: \_\_\_\_\_

Offense Charged: \_\_\_\_\_

Disposition: \_\_\_\_\_

Underlying facts: \_\_\_\_\_

Are the premises in which tobacco will be sold a store or other place of business where the majority of customers are minors and the principal business transacted consists of the sale of schoolbooks, school supplies, food and drinks? ☐ Yes ☐ No

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The applicant and applicant's officers, principals, and agents understand and agree to all applicable provisions of the Village of Long Grove Licensing ordinance, including the requirement that the applicant shall agree to permit authorized Village officials to make any necessary inspection to determine whether the applicant-licensee has complied with all regulatory requirements.

The applicant states that it knows of no violation of the Village of Long Grove Code that would be created or continued as a result of granting this license application.

The applicant further states that the applicant has complied with all applicable federal and state laws and local ordinances applying to the business, occupation or activity sought to be licensed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

I (We) certify that the information contained in the above and attached sheets are true to the best of my (our) knowledge.

Signature(s) of applicant(s)\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\* Attach additional sheets if necessary