



VILLAGE OF BURR RIDGE
7660 County Line Road
Burr Ridge, IL 60527
(630) 654-8181

APPLICATION FOR FOOD ESTABLISHMENT LICENSE

Name of Food Establishment _____

Burr Ridge Address _____

E-mail _____ Website _____

Description of Food Establishment Operation _____

Retail Sales Tax No. _____

Sq. Ft _____ Seating _____ Lease Expires _____

Bldg. Owner & Address _____ Phone _____

Applicant Name _____

Home Address _____

Phone _____ Emergency Phone Number _____

Other Businesses Owned & Location _____

Name and Address of All Partners or Corporate Officers _____

Note: At least one employee with an up-to-date Food Sanitation Certificate must be on the premises at all time. Please attach a copy of the Food Sanitation Certificate for each certified employee.

I/We the undersigned, affirm that the above statements are true; that I/we am/are authorized to sign this document on behalf of this business; that I/we agree to the special condition(s) noted above, if any; that I/we am/are familiar with and agree to abide by the ordinances of the Village of Burr Ridge which apply to this business; and that I/we understand that violation of the ordinances of special condition(s) may result in suspension or revocation of this license as well as other penalties as may be provided by ordinance.

Signed _____ Date _____

_____ Date _____

Mayor, Village of Burr Ridge