

DEVELOPMENT SERVICES DEPARTMENT 14700 RAVINIA AVENUE ORLAND PARK, ILLINOIS 60462 708-403-5300 FAX 708-403-6215

developmentservices@orlandpark.org www.orlandpark.org

## **APPLICATION FOR PET SHOP OPERATOR LICENSE**

**PLEASE NOTE:** Any misrepresentation or falsification of the information sought below may result in revocation of the license granted.

| ANNUAL LICENSE FEE: \$150.00   | APPLICATION DATE   |
|--|--|
| BUSINESS NAME:   |  |
| ADDRESS  | PHONE  |
| BUSINESS EMAIL:  |  |
| Illinois Department of Agriculture   | e License Number   |
| Has Applicant ever been subj<br>Orland Park or another comm                | ect to suspension or revocation of a license in the Village of unity? YesNo  |
| partnership, corporation or un   | plicants name, personal address and personal phone#. If nincorporated association, list name, personal address and ner, principal, principal officer, registered agent, spokesman or parate sheet if needed. |
| NAME   | ADDRESS TELEPHONE NUMBER   |
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| Required at time of application:   |  |
| Zoning Permit Application  | on   |
| <ul><li>\$150.00 License Fee</li><li>Copy of Illinois Department</li></ul> | ent of Agriculture Pet Shop Operator's License   |
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| Printed name of Applicant  | Signature of Authorized Representative   |