

PRIVILEGE (BUSINESS) LICENSE APPLICATION FOR MARENGO COUNTY

NAME OF BUSINESS: _____

DBA NAME: _____

LOCATION OF BUSINESS: _____

MAILING ADDRESS (if different): _____

OWNERS NAME: _____

MANAGERS NAME: _____

OWNERS HOME PHONE NUMBER: _____

OWNERS BUSINESS PHONE NUMBER: _____

OWNERS FEDERAL ID NUMBER: _____

OWNERS SOCIAL SECURITY NUMBER: _____

OFFICERS OF CORP:

PRESIDENT: _____

VICE PRESIDENT: _____

DESCRIPTION OF BUSINESS: _____

NAME OF PERSON FILLING OUT THIS FORM:
