

APPLICATION FOR A NAVY PIER
1/31/00
VENDOR LICENSE (CORPORATE)
DEPARTMENT OF CONSUMER SERVICES

1. NAVY PIER LICENSE NUMBER NP- ___ ___ ___ (for office use only)

2. NAME OF LICENSE HOLDER: _____

DOING BUSINESS AS: _____

3. STREET ADDRESS: _____

4. CITY/STATE/ZIP: _____

5. TELEPHONE NUMBERS - BUSINESS: _____ FAX _____

CAR/BEEPER: _____

6. NAVY PIER LOCATION DESIGNATION AND ADDRESS: SITE _____
CIRCLE ONE: CART/KIOSK/ARCADE BOOTH

SALES TAX (IBT)#: _____

HOW MANY OTHER SITES HAVE YOU RENTED: _____

7. PLEASE DESCRIBE MERCHANDISE THAT WILL BE SOLD: _____

8. IF HANDLING FOOD, PLEASE STATE NAMES AND ADDRESSES OF ALL INDIVIDUALS WITH VALID CERTIFICATES OF REGISTRATION IN FOOD HANDLING (IF MORE THAN ONE, PLEASE LIST SEPARATELY):

NAME: _____

ADDRESS: _____

PLEASE ATTACH COPIES OF ALL CERTIFICATES.

9. INSURANCE COMPANY NAME: _____

ADDRESS: _____

DATE INSURANCE EXPIRES: _____

POLICY NUMBER: _____

10. PLEASE STATE DATE NAVY PIER CONTRACT EXPIRES: _____

11. PLEASE COMPLETE THE ATTACHED CORPORATE OFFICER AND SHAREHOLDER INFORMATION FORM. IT MUST BE COMPLETED IN FULL.

Annual fee is \$125.00.

If you would like to prepare and serve food at Navy Pier, you must possess a valid certificate of registration in food handling issued by the Board of Health. For information, contact Dr. Maryann Koll at (312) 746-8041.

Please be advised that false or incorrect information on this application may be grounds for license disqualification.

STATE OF ILLINOIS

SS

COUNTY OF COOK

_____, DEPOSES AND STATES THAT HE/SHE HAS READ THE FOREGOING "APPLICATION FOR A NAVY PIER VENDOR LICENSE ", KNOWS THE CONTENTS THEREOF AND THAT THE SAME IS TRUE IN SUBSTANCE AND IN FACT.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

APPLICATION FOR A NAVY PIER
1/31/00
VENDOR LICENSE (INDIVIDUAL)
DEPARTMENT OF CONSUMER SERVICES

1. NAVY PIER LICENSE NUMBER NP- ___ ___ ___ ___ (for office use only)
2. NAME OF LICENSE HOLDER: _____
DOING BUSINESS AS: _____
BUSINESS ADDRESS: _____
3. RESIDENCE ADDRESS (IF DIFFERENT) _____
4. CITY/STATE/ZIP: _____
5. TELEPHONE NUMBERS - BUSINESS: _____ HOME: _____
FAX NUMBER: _____
CAR/BEEPER: _____
6. SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____
7. NAVY PIER LOCATION DESIGNATION AND ADDRESS: SITE _____
CIRCLE ONE: CART/KIOSK/ARCADE BOOTH SALES TAX #(IBT): _____
HOW MANY OTHER SITES HAVE YOU RENTED: _____
8. PLEASE DESCRIBE MERCHANDISE THAT WILL BE SOLD: _____

9. IF HANDLING FOOD, PLEASE STATE NAMES AND ADDRESSES OF ALL INDIVIDUALS WITH VALID CERTIFICATES OF REGISTRATION IN FOOD HANDLING (IF MORE THAN ONE, PLEASE LIST SEPARATELY):

NAME: _____
ADDRESS: _____

PLEASE ATTACH COPIES OF ALL CERTIFICATES.

10. INSURANCE COMPANY NAME: _____
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