

PLEASE PRINT OR TYPE

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Establishment Name:		
Establishment Address:	STREET	Urbana, IL 61801
Establishment Telephone:		
Corporate Name:		
Corporate Address:	STREET	BOX NUMBER
C Talambana.	CITY	STATE ZIP
Corporate Leiepnone:	()	
Health District Permit #		
Hours of Operation:		· · · · · · · · · · · · · · · · · · ·
	Outdoor-	
Seating Capacity:		
	Outdoor-	· · · · · · · · · · · · · · · · · · ·
Store Manager Name:		
Store Manager Signature:		
Store Manager Telephone:	()	
 Proof of insurance is required as follows: Certificate of insurance in the Acord 25-S type format that lists the City of Urbana Public Works Dept., 706 S. Glover St., Urbana, IL 61802, as a certificate holder. Evidence of liability insurance in the amount of \$1,000,000 combined single-limit for bodily injury or death and property damage with a \$1,000,000 aggregate. City of Urbana, its agents, and employees must be listed as an additional named insured with respect to general liability on the public right-of-way for the period listed above. 		
Please return comp		City of Urbana Attn: Finance Department 400 South Vine Street Urbana, IL 61801
FOR OFFICE USE ONLY		
Business Account Number:	Renewal	l Fee:
License Number:	Processe	ed By:
Next Renewal Date:		Date: