



**CITY OF URBANA
CURBANA RENEWAL
LICENSE RENEWAL APPLICATION**

**FOR THE PERIOD OF
CALENDAR YEAR 2019
AMOUNT DUE \$ 270.00**

PLEASE PRINT OR TYPE

Establishment Name: _____

Establishment Address: _____ Urbana, IL 61801

STREET

BOX NUMBER

Establishment Telephone: (_____) _____

Corporate Name: _____

Corporate Address: _____

STREET

BOX NUMBER

CITY

STATE

ZIP

Corporate Telephone: (_____) _____

Health District Permit # _____

Hours of Operation: Indoor- _____

Outdoor- _____

Seating Capacity: Indoor- _____

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 completed application,
proof of insurance and the appropriate Fee to**

**City of Urbana
Finance Department
PO Box 219
Urbana, IL 61803-0219**

FOR OFFICE USE ONLY

Business Number: _____

Renewal Fee: _____

License Number: _____

Processed By: _____

Next Renewal Date: _____

Date: _____