



Business License Application

D/B/A Name: _____

Business Address: _____

Primary Email: _____

Business Phone: _____ Cell: _____

Date of Start of Business: _____ Days & Hours Building Occupied: _____

Business Type: _____ Tobacco Products Sold: YES or NO

Products/Services Offered: _____

Illinois Sales Tax Number: _____ FEIN: _____

Legal Name (Corporate Name) of Business: _____

Address: _____ City, State, Zip _____

Email: _____

Phone: _____ Cell: _____

OWNERSHIP TYPE: *(This information is private and will not be shared)*

LLC/Corporation:	YES or NO	Self-Employed:	YES or NO
Individually Owned/Operated:	YES or NO	Number of Full-time Employees:	_____
Minority Owned/Operated:	YES or NO	Number of Part-time Employees:	_____
Female Owned/Operated:	YES or NO	State Certification Held: <i>(check all that apply)</i>	
Male Owner/Operated:	YES or NO	Women's Business Enterprise (WBE)	_____
Student Owned/Operated:	YES or NO	Minority Business Enterprise (MBE)	_____
		Disadvantaged Business Enterprise (DBE)	_____

Business Owner Name: _____

Address: _____ City, State, Zip _____

Email: _____

Phone: _____ Cell: _____

Property Owner Name: *(If other than Business Owner)* _____

Address: _____ City, State, Zip _____

Email: _____

Phone: _____ Cell: _____

Home Based Business: YES or NO

IF YES, PLEASE REFER TO THE MUNICIPAL CODE SEC. 15.4-4D FOR HOME BASED BUSINESSES for additional details and requirements.

EMERGENCY CALL INFORMATION:

1st Call Name: _____

1st Phone Number: _____ 2nd Phone Number: _____

Role: Manager _____ Owner _____ Employee _____

2nd Call Name: _____

1st Phone Number: _____ 2nd Phone Number: _____

Role: Manager _____ Owner _____ Employee _____

3rd Call Name: _____

1st Phone Number: _____ 2nd Phone Number: _____

Role: Manager _____ Owner _____ Employee _____

EMERGENCY ENTRY INFORMATION:

Knox Box Location: _____

Please describe location in detail (North, South, East, West) or write N/A if not applicable.

Fire Department Connection Location: _____

Please describe location in detail (North, South, East, West) or write N/A if not applicable.

Utility Shut Offs Location(s): _____

Please describe location in detail (North, South, East, West) or write N/A if not applicable.

Night Staff Hours: _____

Please provide the hours that non-regular staff may occupy building. This could include, but is not limited to, cleaning crews, maintenance workers, stockers, etc. or write N/A if not applicable.

Keyholder Contact: _____

Please provide name(s) and cell phone number(s) of all individuals with entry keys and access to the business after hours. Include an additional paper listing keyholders if needed.

Burglar Alarm (circle one):

Perimeter Sounding **or** Autodial Phone Alarm **or** Direct Line to Security Company **or** N/A

Fire Alarm (circle one):

Perimeter Sounding **or** Autodial Phone Alarm **or** Direct Line to Security Company **or** N/A

Hold Up Alarm (circle one):

Perimeter Sounding **or** Autodial Phone Alarm **or** Direct Line to Security Company **or** N/A

Window Locations (circle all that apply): North South East West

Door Locations (circle all that apply): North South East West

Standpipe Location (circle all that apply): North South East West N/A

Sprinkler System Location (circle all that apply): North South East West N/A

Roof Entry: YES or NO **Night Security:** YES or NO **Security Dog:** YES or NO

Hazardous Materials Stored: YES or NO

(If yes, please describe type and location. A hazardous material is any item or agent (biological, chemical, radiological, and/or physical), which has the potential to cause harm to humans, animals, or the environment, either by itself or through interaction with other factors. This includes but is not limited to medical supplies, large amounts of medications, large amounts of cleaning products, automotive supplies, etc. Please include specific location such as floor number, room number, of all materials.)

If this Business has **CLOSED**, please check here Date Business Closed: _____

Please print, sign and date this form and return it in the enclosed envelope.

Print Name: _____

Signature: _____

Date: _____

NOTICE: Failure to complete this form in full may result in delay or denial of Business License.

Should you have any questions, please contact the Clerk's Office at 309.454.9508.