



Business License Application

Village of Lincolnwood
6900 N Lincoln Avenue
Lincolnwood, Illinois 60712
Telephone: 847-673-1540
Fax: 847-673-4403

APPLICATION MUST BE COMPLETED IN FULL

Customer Number _____

Please print or type

D/B/A Business Name: _____ Application Date: _____
Business Address: _____ Business Phone: _____
Corporate Name if other than Business Name: _____
Corporate/Billing Address (If Different): _____
Corporate Phone Number: _____ Date of Opening: _____
Retail Sales Tax #: _____ Sole Business at Location? Yes No / If No, Please
List Additional Business: _____
Federal Tax ID Number: _____ Insurance Expiration Date: _____
(Copy of Certificate of Liability Insurance if required)

Individual Business Owner/Partner/ President Name: _____ Phone _____
Partnership Home address: _____ City _____ State _____ Zip code _____
Corporation Property Owners Name: _____ Phone _____
City: _____ State _____ Zip Code _____

Nature of Business (Choose One)

- Retail Wholesale Food Service State Licensed (must attach a copy of state license)
- Service Warehousing Manufacturing Transient Merchant
- Taxi/Limo Firearms Dealer Amusement Kiosk
- Massage

Square Footage of Premises: _____ (to nearest 100 square feet)

Specific Nature of Business: _____

Purpose of application: New Business Change of Ownership Relocation (within Village)

Number of employees (other than owner): _____ Full time _____ Part time

Does your business include any of the following:

1. Coin-Operated Amusement Devices: _____ Yes _____ No
If Yes, How Many? _____
2. Coin-Operated Food/Beverage Machine: _____ Yes _____ No
If Yes, How Many? _____
3. Sale of Tobacco Products? _____ Yes _____ No
4. Sale of Liquor Products? _____ Yes _____ No
5. Sale of Food Products? _____ Yes _____ No
If Yes, Type of Food Sold
_____ Prepared _____ Packaged _____ Both
6. Gasoline Pumps _____ Yes _____ No
If Yes, How Many? _____

If you answered yes to any of the above, additional licenses are required by the Village of Lincolnwood ordinances regulating such uses.

- Is construction or improvement to the premises planned or required prior to the planned occupancy and operation of this business? _____ yes _____ no

If any construction, remodeling or installation of signs for the business is planned this work requires securing Village Building permits. Contact the Village of Lincolnwood Community Development Department at 847-673-7402.

- Have you ever been convicted of a felony? _____ yes _____ no If yes, please explain

- Please ____ Do ____ Do Not list my business's name, address, and phone number in the Village Newsletter.

Please read the following and sign where indicated.

1. All annual licenses shall be operative and the license year shall commence May 1 of each year. Except where otherwise provided, all licenses shall expire on April 30 following the date of issuance.
2. No license may be assigned, sold, loaned, transferred, used as collateral or otherwise encumbered.
3. Whenever inspections of the premises used for or in connection with the operation of a licensed business or occupation are provided for or required by ordinance, or are reasonably necessary to assure compliance with the provisions of any ordinance or regulation of the Village, or to detect violations thereof, it shall be the duty of the licensee to admit thereto for the purpose of making the inspection any officer or employee of the Village who is authorized to make such inspection at any reasonable time that such admission is requested.
4. Any person, firm or corporation convicted of violating the provisions of the Village's licensing ordinance shall be subject to a fine of up to \$500, and suspension of such license.
5. Unless otherwise provided, each individual business or commercial activity which applies for two or more licenses, while required to comply with all applicable regulation, shall be subject to only pay the largest of those applicable fees.
6. I understand that a business may not operate in the Village of Lincolnwood without first securing this Village business license.

I hereby swear that all of the information provided within this application for a business license is true and correct to the best of my knowledge.

Applicant signature: _____ Date: _____

FOR OFFICE USE ONLY:	
Business Name: _____	License #: _____
Total Fees Received : _____	Date: _____



Village of Lincolnwood
Fire Department - Fire Prevention Bureau
Police Department - After Hours Emergency Contact
Information Form



Fire Department Office: 847-673-1545

Police Department Office: 847-673-2167

Date:	Business Name:		
Address:		Suite #	
Business License Number:		Business Phone:	
Business License Current: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Person / Manager:		Phone:	
		Cell:	
After Hours / Key-holder 1:		Phone:	
		Cell:	
After Hours / Key-holder 2:		Phone:	
		Cell:	
After Hours / Key-holder 3:		Phone:	
		Cell:	
Knox Box Location:			
Knox Box – Check Keys:			
<input type="checkbox"/> Keys are Current			
<input type="checkbox"/> Keys are Not Current			
Sprinkler System:			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
If Yes:			
<input type="checkbox"/> Partially Sprinklered			
<input type="checkbox"/> Provide Copy of Current Annual Sprinkler Test (NFPA 25 requirement)			
<input type="checkbox"/> Provide Copy of Current Annual Pump Test (NFPA 25 requirement)			
<input type="checkbox"/> Meets Requirements in This Category for Business License			
Fire Alarm System:			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
If Yes:			
<input type="checkbox"/> Provide Copy of Current Annual Alarm Test (NFPA 72 requirement)			
<input type="checkbox"/> Meets Requirements in This Category for Business License			
Burglar Alarm System:			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
Current Alarm Permit for Burglar/Fire Alarm on File with Police Department?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No – (Per Village Ordinance, all alarms owners must have a current Alarm Permit on file with the police department – contact Mary at 847-745-4747 for forms/information.)			

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The information requested below will be used by the Village of Lincolnwood for statistical purposes only. All responses will remain confidential. We appreciate your cooperation in completing this part of the form.

1. Type of business: _____

2. Premises of Business: Own _____ Rent _____

3. Years in business at the above location :

New _____ 3-10 years _____

1-3 years _____ More than 10 years _____

Previous location _____

4. Sales previous calendar year:

New Business _____ \$0-150,000 _____

\$150,000 – \$250,000 _____ \$250,000-\$500,000 _____

\$500,000- \$1,000,000 _____ \$1,000,000-\$5,000,000 _____

\$5,000,000 + _____