



APPLICATION FOR BUSINESS LICENSE

1050 WEST ROMEO ROAD ROMEOVILLE, ILLINOIS 60446
TEL 815/886-7200 - FAX 815/886-2762

Please Type or Print Legibly in all spaces.

BUSINESS NAME: _____ **DBA:** _____

TELEPHONE: _____ **WEBSITE:** _____

BUSINESS ADDRESS _____
Street City State Zip

Application is being made by and for:

SOLE PROPRIETOR

Name: _____ Home Phone: _____

Social Security Number: _____

Home Address: _____

Street City State Zip

PARTNERSHIP

Name: _____ Home Phone: _____

Social Security Number: _____

Home Address: _____

Street City State Zip

Name: _____ Home Phone: _____

Social Security Number: _____

Home Address: _____

Street City State Zip

CORPORATION **LLC**

Corporate Office Address _____

Street City State Zip

Principal Corporate Officer _____ Phone _____

Principal Corporate Officer _____ Phone _____

PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY AT THE BUSINESS:

Name _____ **Phone** _____

Name _____ **Phone** _____

Name _____ **Phone** _____

1. IS THE BUILDING OWNED OR LEASED?

OWNED LEASED

IF LEASED, PLEASE PROVIDE LESSOR INFORMATION

Name _____ Phone _____
Address _____
Period covered by lease _____

2. WHAT TYPE OF BUSINESS ARE YOU OPERATING (Please check all that apply):

- Branch Plant Distribution Exempt Financial Services Headquarters
- Health Care Hotel/Motel Internet Sales Manufacturing Office/Research
- Retail Sales Service Tourism Warehouse Wholesale
- Restaurant/Bar

3. NUMBER OF EMPLOYEES: _____ Full Time _____ Part Time _____ Seasonal/Temp

How many employees have the following functions?

_____ Management _____ Technical _____ Service / Sales _____ Production _____ Clerical

4. TOTAL NUMBER OF PARKING SPACES PROVIDED _____

Indoor Parking Spaces _____
Outdoor Parking Spaces _____

5. HOW MANY COMPANY VEHICLES DO YOU HAVE? _____

6. HOW MANY DELIVERIES IN A 24 HOUR PERIOD DO YOU HAVE? _____
If they are minimal, how many per week? _____

7. PLEASE CHECK ALL THAT APPLY:

- TOBACCO PRODUCTS TO BE SOLD
- LIQUOR TO BE SOLD
- RESTAURANT - WILL COUNTY HEALTH PERMIT NO. _____ (attach a copy of permit)
- GASOLINE SERVICE STATION - NUMBER OF PUMPS _____
- HOTEL/MOTEL - NUMBER OF ROOMS _____
- VENDING MACHINES – HOW MANY? _____
- GAME MACHINES – HOW MANY? _____

8. TOTAL FLOOR SQUARE FEET OF ENTIRE BUILDING _____

Square Feet Dedicated to Offices _____
Square Feet Dedicated to Sales _____
Square Feet Dedicated to Warehouse _____
Square Feet Dedicated to Manufacturing _____

9. WHAT IS YOUR STATE SALES TAX ID NO. _____
10. WHAT IS YOUR FEDERAL TAX ID NO. _____
11. WILL THERE BE ANY EXTERIOR STORAGE OUTSIDE THE PRINCIPAL BUILDING? YES NO
IF YES, HOW WILL IT BE CONTAINED? _____
12. WILL THERE BE ANY ACCESSORY STRUCTURES ON THE SITE? YES NO
13. WILL ANY FUELS, OILS, OR ANY OTHER CHEMICALS BE STORED ON THE SITE? YES NO
14. WILL ANY WASTE MATERIAL BE STORED ON THE SITE? YES NO
15. WILL TRUCKS MORE THAN ONE AND A HALF TONS BE PARKED ON THE SITE? YES NO
16. WILL ANY VEHICLES BE PARKED OVERNIGHT? YES NO
17. WILL THERE BE ANY REPAIR OF AUTOMOBILES, TRUCKS, BOATS, OR RECREATIONAL VEHICLES ON THE PREMISES? YES NO
IF SO, WILL ALL REPAIR WORK BE CONTAINED WITHIN THE BUILDING? YES NO
18. WILL ANY LOUD NOISES BE GENERATED ON THE PREMISES? YES NO
19. IS YOUR BUSINESSS ALARMED? YES NO

ALARM COMPANY NAME _____ PHONE _____

TYPE OF ALARM: ROBBERY FIRE MEDICAL OTHER _____
 SILENT AUDIBLE BURGLARY

ALARM ZONE INFORMATION (EX. OFFICE, DOCK DOORS, ETC.)

ZONE 1: _____ ZONE 2: _____ ZONE 3: _____
ZONE 4: _____ ZONE 5: _____ ZONE 6: _____

Please return the completed application to the Village Clerk's Office for further processing. You will be contacted regarding approval of your application. Payment is not due until after the approval process has been completed.

I understand that the issuance of this license is conditioned upon compliance with all Village Ordinances and Codes and the results of any inspections of above premises at this time or any subsequent inspections while this license is in force. In addition, in the event that the above named business is found to be unsecured (ie. unlocked, or where an entrance door or a window is open when premises are not occupied after business hours, I hereby authorize the Romeoville Police Department to enter the above named business for the purpose of protecting persons and property, and to search for possible intruders. If you do not authorize the entry by the Romeoville Police Department please indicate below.

ENTRY FOR EMERGENCIES IS HEREBY DENIED ENTRY FOR EMERGENCIES IS HEREBY GRANTED

Owner's Signature

Date



Informational Survey for:

Business Name, Address, City, Authorized Rep, Title, Phone, Date

1. Single building, Multi-unit building, Units in Building, Area (Square feet)
2. Employee number, Employees per shift
3. Operating Days (circle), Hours: M-F, Sat-Sun
5. What service is performed at this site?

6. Please check applicable processes and sub-processes on site:
Retail, Food Establishment, Auto/Truck Repair, Vehicle Wash, Laundry, Office, Medical Office, R & D Lab, Photo-developing, Computer Center, Wholesale Distributor, Warehouse, Packaging, Printing (not copying), Assembling, Fabricating, Manufacturing, Other

7. What raw materials are used at site?

8. Is process wastewater generated? Yes No
If yes, please describe:

9. Does firm store liquids in drums? Yes No
If yes, how many? Less than 5 5 or more
General Substance:

10. Does firm store liquids in bulk? Yes No
If yes, how many tanks? Tank Number
If yes, show largest and smallest tank size: gallons gallons
General Substance:

PLEASE CALL ROBERT STOPPENBACH AT 815/886-1870 IF YOU HAVE ANY QUESTIONS