



APPLICATION FOR HOME BASED 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: _____ TELEPHONE: _____

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

Corporate Office Address _____
Street City State Zip

Principal Corporate Officer _____ Phone _____

Principal Corporate Officer _____ Phone _____

Sales Tax ID No. _____

Size of House: _____ Square Feet # of Floors: _____ Floor(s)
Type of Business: _____ Area to be Occupied: _____
Feet²

Type of dwelling: Single Family Detached; Duplex / Semi-Detached; Townhouse;

VILLAGE OF ROMEVILLE

APPLICATION FOR HOME-BASED BUSINESS QUESTIONNAIRE

Multiple-Family Dwelling; Other, _____

Please respond to the following questions by placing a check in the relevant box.

YES	NO	Question
		Will there be any sales except for the sale of products, goods or trade work produced/fabricated on the premises?
		Will all employees (working at the home) be members of the immediate family living on the premises?
		Will the business be open to the public earlier than 8:00 am or later than 8:00pm?
		Will there be more than 5 people using the services provided by the business at the home at any given moment?
		Will there be any exterior storage outside the principal building or accessory structure for the home occupation?
		Will the home occupation be conducted entirely within the principal residential building?
		Will there be any advertising or identification sign acknowledging the presence of the home occupation?
		Will there be any manufacturing or processing within the confines of the dwelling unit other than minor assembly of products or goods?
		Will all sales be conducted off premises, by phone, by mail or on the internet?
		Will there be any receipt, shipment, delivery or storage of merchandise/materials/product on or from the premises?
		Will there be any alterations to the home or accessory structures for the business? If yes, describe.
		Will there be any mechanical or electrical equipment used except those customary for purely domestic, household, or hobby purposes? (If there are, please provide a list of equipment being used.)
		Will there be any deliveries to or from the home with a vehicle larger than a one (1) ton truck (i.e. Federal Express, United Parcel Service, Emery, etc.)?
		Will the home occupation produce any noise, vibration, smoke, electrical interference, dust, odors, or heat?

Please describe the proposed home occupation. (What goods will be produced or sold, where they will be sold, whether clients will come to the house, how products will be made, what equipment will be used to make products, etc. If necessary, please use the reverse.)

VILLAGE OF ROMEOVILLE

APPLICATION FOR HOME-BASED BUSINESS QUESTIONNAIRE

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.

I hereby consent to any inspections of the licensed premises by the Village of Romeoville.

Applicant's Signature Date

FOR VILLAGE USE ONLY

Fire Department Inspection	_____	Date Inspected	_____
	<i>Initials</i>		
Occupancy Permit No.	_____	Date Issued	_____
	<i>No.</i>		
Rental Inspection Completed	_____	Date Completed	_____
Planning Department	_____	Date Completed	_____
	<i>Initials</i>		
Alarm Registration	_____	Date Received	_____
	<i>Initials</i>		
Emergency Contact	_____	Date Received	_____
	<i>Initials</i>		
Business License No.	_____	Date Issued	_____
Fee Paid	\$ _____		