



## 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:**

1<sup>st</sup> Call Name: \_\_\_\_\_

1<sup>st</sup> Phone Number: \_\_\_\_\_ 2<sup>nd</sup> Phone Number: \_\_\_\_\_

Role: Manager \_\_\_\_\_ Owner \_\_\_\_\_ Employee \_\_\_\_\_

2<sup>nd</sup> Call Name: \_\_\_\_\_

1<sup>st</sup> Phone Number: \_\_\_\_\_ 2<sup>nd</sup> Phone Number: \_\_\_\_\_

Role: Manager \_\_\_\_\_ Owner \_\_\_\_\_ Employee \_\_\_\_\_

3<sup>rd</sup> Call Name: \_\_\_\_\_

1<sup>st</sup> Phone Number: \_\_\_\_\_ 2<sup>nd</sup> 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.



**Emergency Management Authorization:**

**Below, please indicate a valid cell phone number to be added to our new Emergency Management system. In the event of an emergency affecting your business' geographic zone, the Town will make business owners aware of the emergency via text message. Please allocate a proper cell phone number for emergency communication below OR sign on the "opt out" line to not be included in such communication.**

Business Name:

Preferred Cell Number: \_\_\_\_\_

Cell Carrier: \_\_\_\_\_

Opt Out: \_\_\_\_\_