



BUSINESS LICENSE APPLICATION

VILLAGE OF PLAINFIELD
 Planning Department
 24401 W. Lockport Street
 Plainfield, IL 60544 815/436-7093

APPLICANTS MUST COMPLETE THIS APPLICATION IN FULL AND PROVIDE ALL REQUESTED INFORMATION

SECTION I. BUSINESS OWNER, PARTNER, MANAGER INFORMATION.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE #: _____ BUSINESS FAX #: _____

BUSINESS E-MAIL: _____ BUSINESS WEB ADDRESS: _____

BUSINESS IS A: Sole Proprietorship Partnership Corporation LLC; LLP; LP Other (Identify) _____

DESCRIPTION OF BUSINESS: _____

Check here if you desire to have your business information (business name, address, telephone/facsimile numbers and business e-mail address) published in the Village's Local Business Directory. Please identify your business name as you want it to appear in the Local Business Directory: _____

Check here if you are interested in receiving the Village's Economic Development E-News. E-News will be forwarded to the business web address identified above.

BUSINESS OWNER'S NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE #: _____ CELLULAR TELEPHONE #: _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE #: _____ IDENTITY OF STATE ISSUING DRIVER'S LICENSE: _____

IF YOUR BUSINESS HAS ADDITIONAL OWNERS, PARTNERS OR MANAGERS, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH ADDITIONAL OWNER PARTNER OR MANAGER (attach additional pages to the back of this page if necessary):

OWNER, PARTNER OR MANAGER'S NAME: _____

THIS INDIVIDUAL IS AN: Additional Owner Additional Partner Additional Manager

HOME ADDRESS: _____

HOME TELEPHONE #: _____ CELLULAR TELEPHONE #: _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE #: _____ IDENTITY OF STATE ISSUING DRIVER'S LICENSE: _____

OWNER, PARTNER OR MANAGER'S NAME: _____

THIS INDIVIDUAL IS AN: Additional Owner Additional Partner Additional Manager

HOME ADDRESS: _____

HOME TELEPHONE #: _____ CELLULAR TELEPHONE #: _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE #: _____ IDENTITY OF STATE ISSUING DRIVER'S LICENSE: _____

SECTION II. BUSINESS INFORMATION.

CURRENT ZONING CLASSIFICATION:

- Residential
- Business
- Industrial

BUILDING SQUARE FOOTAGE:

IDENTIFY TOTAL FLOOR AREA OF BUSINESS PREMISES (INCLUDE ALL PRINCIPAL/ACCESSORY FLOOR AREA IN USE AND NOT IN USE):

- 3,000 or less sq. ft. - Registration Fee \$25.00
- 3,001 through 6,000 sq. ft. - Registration Fee \$75.00
- 6,001 or more sq. ft. - Registration Fee \$125.00

IDENTIFY YOUR BUSINESS CLASSIFICATION (check box below):

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising/Media | <input type="checkbox"/> Automobile (sales/service) | <input type="checkbox"/> Business/Professional Services |
| <input type="checkbox"/> Computer/Telecommunications | <input type="checkbox"/> General Contractor/Builder | <input type="checkbox"/> Government/Not-for-Profit |
| <input type="checkbox"/> Health Care (medical/dental) | <input type="checkbox"/> Industrial Supplies/Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Personal Care/Services | <input type="checkbox"/> Pets/Veterinary Services | <input type="checkbox"/> Real Estate/Moving/Storage |
| <input type="checkbox"/> Religious Organizations/Clubs | <input type="checkbox"/> Restaurants/Food/Beverage | <input type="checkbox"/> Shopping/Specialty Retail |
| <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other (Identify) _____ |

NUMBER OF EMPLOYEES: _____ **FULL-TIME** _____ **PART-TIME**

NUMBER OF EMPLOYEE VEHICLES ON PREMISES: _____

NUMBER OF VEHICLES TO BE USED WITH THIS BUSINESS: _____

BUSINESS HOURS: MONDAY _____ TUESDAY _____ WEDNESDAY _____

THURSDAY _____ FRIDAY _____ SATURDAY _____ SUNDAY _____

Federal Employee Identification Number (FEIN):

Illinois Department of Revenue # (Tax/IBT #):

IL Dept of Professional Regulation License #:

ATTACH A COPY OF YOUR DEPARTMENT OF TREASURY, INTERNAL REVENUE SERVICE, EMPLOYER IDENTIFICATION NUMBER.

Check here if you will have live entertainment at your business. If yes, please complete the Entertainment Rider attached hereto and submit it with your Business License Application.

Check here if there are coin-operated devices at your business. If yes, what type and how many? _____

Check here if there are hazardous or flammable materials stored on site? If yes, what type of materials and in what quantities? (Identify animals, hazardous materials, or other items stored at the business address which may be encountered by police/fire personnel.)

SECTION III. ALARM SYSTEM/KEYHOLDER INFORMATION. (Only complete this section if your business/home-based business has an alarm system. If you are the owner of the business, it is not necessary for you to list yourself as keyholder #1. List persons by priority of call-out. If you are a resident and a home alarm system is installed in your home, you must complete this section).

NAME OF ALARM COMPANY SERVICING THE BUSINESS: _____

TELEPHONE #: _____ IL BURGLAR ALARM LICENSE #: _____

MAILING ADDRESS: _____

NAME OF ALARM MONITORING COMPANY: _____

TELEPHONE #: _____ IL BURGLAR ALARM LICENSE #: _____

MAILING ADDRESS: _____

TYPE OF ALARM SYSTEM: _____ BURGLAR: AUDIBLE or SILENT PANIC: AUDIBLE or SILENT

IS THERE A SECURITY GUARD CHECKING THE PREMISES? YES NO

IF YES, NAME OF SECURITY GUARD COMPANY: _____

DAYS/HOURS PREMISES CHECKED: _____

DOES THE SECURITY GUARD COMPANY HAVE A KEY TO THE BUSINESS PREMISES? YES NO

KEYHOLDER INFORMATION

List all persons who have the ability to control the alarm system in the order they should be contacted. (If necessary, attach additional pages to back of this page). Provide one or more contact telephone numbers for each keyholder. You may use cellular telephone numbers. Keyholders should be able to arrive at alarm location within 30 minutes.

Keyholder Name/Address	Home Telephone #	Work Telephone #	Cellular Telephone #

AFTER HOURS employees/cleaning personnel on premises? YES NO

If yes, provide day(s) of the week and time(s): _____

CERTIFICATION and BACKGROUND WAIVER

I (We) hereby certify that the requirements of the State of Illinois, County of Will, and Village of Plainfield have been met, and will be maintained throughout the duration of the license (if issued), and that the statements contained herein are correct and true to the best of my (our) ability.

I (We) hereby authorize a representative of the Village of Plainfield and the Plainfield Police Department to complete a background check that may include information regarding my background and reputation, financial status, and any criminal history records, including arrest records, for the purposes of determining my qualifications for obtaining a business license from the Village of Plainfield.

I (We) understand that by signing this document, any and all information obtained as a condition of applying for said business license, shall remain the sole property of the Village of Plainfield, and shall only be used within the context of this application.

Owner/Partner/Manager's Name: _____ **Date:** _____
(Printed Name and SIGNATURE Required)

Owner/Partner/Manager's Name: _____ **Date:** _____
(Printed Name and SIGNATURE Required)

Owner/Partner/Manager's Name: _____ **Date:** _____
(Printed Name and SIGNATURE Required)

TERM AND FEES:

All Business Licenses shall be valid for a full calendar year. The term of each license shall commence on January 1st and expire on December 31st. The full registration fee for the license (\$25.00, \$75.00 or \$125.00, as applicable) shall be paid at the time the application is submitted to the Village of Plainfield for processing. Please make your check payable to the "Village of Plainfield". The registration fee set forth herein is non-refundable.

For Office Use Only

NEW Business License _____ RENEWAL Business License # _____

Business License issued on: _____

Approved by: _____