

ANNUAL BUSINESS LICENSE APPLICATION

**VILLAGE OF ROCKDALE
79 MOEN AVENUE
ROCKDALE, ILLINOIS 60436
(815) 725-8937**

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:
(Attach additional pages if necessary)

1. Name of Business: _____

2. Local Business Address: _____

3. Corporate Address: _____

4. Briefly Describe Business: _____

5. NATURE OF OWNER *(please circle one of the following)*:

- | | |
|-------------------------------|---------------------------------------|
| (a) Natural Person | (e) Corporation |
| (b) Land Trust/Trustee | (f) Trust/Trustee |
| (c) Joint Venture | (g) Partnership / Limited Partnership |
| (d) Limited Liability Company | (h) Rent or Lease (Circle One) |

6. If the Owner is an entity other than described above, please state the nature and characteristics of the Owner: _____

7. If the Owner is a Natural Person, identify each Owner as follows:

(a) Full Name: _____

Home Address: _____

Phone: _____ Driver's License #: _____ Date of Birth: _____

(b) Full Name: _____

Home Address: _____

Phone: _____ Driver's License #: _____ Date of Birth: _____

(c) Full Name: _____

Home Address: _____

Phone: _____ Driver's License #: _____ Date of Birth: _____

(d) Full Name: _____

Home Address: _____

Phone: _____ Driver's License #: _____ Date of Birth: _____

8. If the Owner is not a Natural Person, identify by name and address each person or entity who is at least a 5% shareholder in the case of a corporation, a beneficiary in the case of a trust or land trust, a joint venture in the case of a joint venture, general and limited partners in the case of a partnership or limited partnership, members in the case of a limited liability company or who otherwise has a proprietary interest, interest in profits and losses, or right to control such entity:

	NAME	ADDRESS	% INTEREST
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____
(d)	_____	_____	_____

9. If applicable, identify the following:

(a) President: _____

Address: _____ Phone: _____

(b) Secretary: _____

Address: _____ Phone: _____

(c) Treasurer: _____

Address: _____ Phone: _____

(d) Registered Agent's Name: _____

Address: _____ Phone: _____

(e) Local Manager's Name: _____

Address: _____ Phone: _____

10. Present zoning of your proposed business location: _____

11. Square feet of building or buildings used or occupied by the business? _____ ft²

12. Classification of the business? *(please circle one of the following)*:

- | | |
|--------------------|------------------|
| (a) Industrial | (e) Warehousing |
| (b) Retail | (f) Professional |
| (c) Manufacturing | (g) Other _____ |
| (d) Public Service | |

13. Could the business be classified as a massage establishment or sexually oriented business? *(If you are unclear or unsure, see Chapter 26, Article III, Division 6 and Division 7 of the Rockdale Village Code for an explanation of a massage establishment and a sexually oriented business).* Yes No

14. How many employees? _____ Full-Time _____ Part-Time

15. How many employee vehicles will be on the premises? _____

16. Business Seating Capacity (if applicable) _____

17. Business hours: Monday: _____, Tuesday: _____, Wednesday: _____,
Thursday: _____, Friday: _____, Saturday: _____, Sunday: _____

18. Date of opening: _____

19. What is your Federal Employee Identification Number? _____

20. What is your Illinois Department of Revenue Tax Number? _____

21. Will any of the following types of services be provided by your business?

Yes No Serving of food prepared on premises

Yes No Serving of any type of liquor on premises

22. Coin-operated devices on the premises? Yes No

23. If yes, identify the types of coin-operated devices and numbers.

24. Storage of flammable materials on property? Yes No

25. If yes, what type of materials and in what quantities? _____

26. The use, storage or processing of hazardous waste as defined in 415 ILCS 5-3.15?

Yes No

27. If yes, what type of materials and in what quantities? _____

28. Names, addresses and phone numbers of persons to contact in case of an emergency:

(a) _____

(b) _____

(c) _____

(d) _____

I, _____, do hereby certify that the requirements of the State of Illinois, County of Will and Village of Rockdale have been met and will be maintained throughout the duration of the Registration Certificate and that the statements herein are correct and true to the best of my ability.

Signature

Date

(for office use only)

PAYMENT of \$50.00 registration fee and receipt for payment issued to applicant?

Yes No

REGISTRATION CERTIFICATE NO. _____ Issued: _____

Village Clerk

COPIES TO:

_____ Village President

_____ Police Chief

_____ Clerk

_____ File