



APPLICATION FOR BUSINESS LICENSE

79 MOEN AVENUE, ROCKDALE, ILLINOIS 60436

TEL 815/725-8937 - FAX 815/725-6469

PLEASE COMPLETE ALL PAGES OF THE APPLICATION

PLEASE NOTE: Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable.

Date of Application: _____	Opening Date (if applicable): _____
Type of Application: () New Business () Address Change () Expansion () Other _____	
BUSINESS NAME: _____ DBA: _____	
TELEPHONE: _____	WEBSITE: _____
BUSINESS ADDRESS _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>

MAILING ADDRESS IF DIFFERENT FROM ABOVE			
NAME: _____			
TELEPHONE: _____			
BUSINESS ADDRESS _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

PARENT COMPANY MAIN OFFICE			
NAME: _____			
TELEPHONE: _____			
BUSINESS ADDRESS _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

TYPE OF OWNERSHIP: () <i>INDIVIDUAL</i> () <i>PARTNERSHIP</i> () <i>CORPORATION</i> () <i>LLC</i>
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Required Information:

() **INDIVIDUAL**

Name: _____ Home Phone: _____
Social Security Number: _____ Email: _____
Home Address: _____
Street City State Zip

() **PARTNERSHIP**

Name: _____ Home Phone: _____
Social Security Number: _____ Email: _____
Home Address: _____
Street City State Zip

Name: _____ Home Phone: _____
Social Security Number: _____ Email: _____
Home Address: _____
Street City State Zip

() **CORPORATION** () **LLC**

Corporate Office Address _____
Street City State Zip
Principal Corporate Officer _____ Phone & Email _____
Other (include title) _____ Phone & Email _____
Other (include title) _____ Phone & Email _____

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

Name _____ Phone & Email _____
Name _____ Phone & Email _____
Name _____ Phone & Email _____

THE FOLLOWING INFORMATION IS REQUIRED:

1. IS THE BUILDING OWNED OR LEASED? IF LEASED, PROVIDE LESSOR INFORMATION:

OWNED **LEASED**

Name _____ Phone _____
Address _____
Period covered by lease _____

2. **WHAT TYPE OF BUSINESS ARE YOU PROPOSING/OPERATING?** _____
DESCRIBE _____

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 (LESS THAN 5 SELECTIONS) - HOW MANY?** _____
- VENDING MACHINES (5 OR MORE SELECTIONS) - HOW MANY?** _____
- AMUSEMENT MACHINES - HOW MANY?** _____
- AED MACHINE (REQUIRED FOR OCCUPANCY GREATER THAN 50 PEOPLE)** _____

8. **TOTAL FLOOR SQUARE FEET (OF OCCUPIED SPACE)** _____

Square feet dedicated to Offices _____

Square feet dedicated to Sales _____

Square feet dedicated to Warehouse _____

Square feet dedicated to Manufacturing _____

9. **STATE TAX ID NUMBER:** _____

10. **FEDERAL TAX ID NUMBER:** _____

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. WILL THERE BE INDOOR STORAGE ABOVE 12 FEET? YES NO
20. WILL THERE BE RACKING? (If yes, a separate permit is required) YES NO
21. 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 of Rockdale for further processing. Please return a check or money order for payment regarding your application. Payment is due with the application or renewal.

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.

 Business License Applicant Signature

 Date