



79 MOEN AVENUE, ROCKDALE, ILLINOIS 60436 TELEPHONE 815/725-8937

LLC

Required Information:

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INDIVIDUAL

Name: _____

Home Phone: _____

Email: _____

Social Security Number: _____

Home Address: _____
Street City State Zip

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PARTNERSHIP

Name: _____

Home Phone: _____

Email: _____

Social Security Number: _____

Home Address: _____
Street City State Zip

Name: _____

Home Phone: _____

Email: _____

Social Security Number: _____

Home Address: _____
Street City State Zip

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CORPORATION

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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:**

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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 ☐ 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 CREATIONAL VEHICLES
RE 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. DO YOU HAVE ON SITE CAMERAS ☐ 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, cash or money order for a payment of \$50.00 regarding your application. \$50.00 payment is due with the application or renewal. Failure to provide the complete written application for renewal to the Village Clerk shall result in a penalty of not less than \$10.00 per day for the first five days, not less than \$20.00 per day for the second five days, and not less than \$50.00 per day for the third five days and in no case more than as set forth in section 1-8 of the Village of Rockdale code. After fifteen days, non-compliance will result in loss of the license.

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