APPLICATION FOR BUSINESS LICENSE

79 MOEN AVENUE, ROCKDALE, ILLINOIS 60436

TEL 815/725-8937

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 ☐ Renewal ☐ Other_____
If a New Business, please supply copy of drivers license for background check.

BUSINESS NAME:_____ **DBA:**_____

TELEPHONE:_____ **HOURS:** _____

BUSINESS ADDRESS_____

Street ***City*** ***State*** ***Zip***

Business Email Address_____

MAILING ADDRESS IF DIFFERENT FROM ABOVE

NAME: _____

TELEPHONE:_____

BUSINESS ADDRESS_____

Street ***City*** ***State*** ***Zip***

Email Address_____

PARENT COMPANY MAIN OFFICE

NAME: _____

TELEPHONE:_____

BUSINESS ADDRESS_____

Street ***City*** ***State*** ***Zip***

TYPE OF OWNERSHIP: ( ) INDIVIDUAL ( ) PARTNERSHIP ( ) CORPORATION ( ) LLC

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 decicated 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. **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 $200.00 with your application. 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-clompliance 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

Continued Business License Application

Statement whether the applicant has made similar applications for a license other than described in this application

Statement whether a similar license has been revoked by the Village or any other licensing body and reasons therefor

Statement whether the applicant or operator has ever been convicted of a violation of any of the provisions of this chapter or the ordinance of any other Illinois municipality regulating the activities of mobile food vendors

Statement whether the applicant or operator has ever been convicted of the commission of a felony under the laws of the State of Illinois of any other state or federal law of the United States