APPLICATION FOR BUSINESS LICENSE and TRUCK STALL RENTAL 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 ☐ Truck Stall Rental

If a New Business, please supply copy of driver's 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 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. **DO YOU HAVE ON SITE CAMERAS** ☐ YES ☐ NO

21. **IS YOUR BUSINESS 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 with your application for business renewal and $50 if you rent truck stall spaces. We will also need the contact information for the individuals renting the truck stall spaces as there is a yearly fee for them to pay to the Village of Rockdale. 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

TRUCK STALL PARKING CONTACT INFORMATION

INDIVIDUAL NAME_____

BUSINESS NAME_____

HOW MANY STALLS_____

EMAIL_____

PHONE NUMBER_____