



# VILLAGE of MONEE

Mayor JAY FARQUHAR



## BUSINESS LICENSE APPLICATION 2017

DATE REQUESTED: \_\_\_\_\_

### Application Type:

- Renewal    New Business    Name Change    Location Change    Owner Change    Information Update

### Business Info:

Business: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 D/B/A: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

#### Mailing address (for municipal correspondence):

Business: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Business Structure:

Please check the applicable business structure (provide copies of related documentation):

- Sole Proprietorship   Date Filed with County Clerk: \_\_\_\_\_   County Filed: \_\_\_\_\_  
 Partnership   Date of Formation: \_\_\_\_\_   Filed with: \_\_\_\_\_  
 LLC   Date of Formation: \_\_\_\_\_   State: \_\_\_\_\_  
 Corporation   Date of Incorporation: \_\_\_\_\_   State: \_\_\_\_\_

FEIN: \_\_\_\_\_ IL Sales/Use Tax Number: \_\_\_\_\_

SIC Code: \_\_\_\_\_ NAICS Code: \_\_\_\_\_ Secretary of State Filing Number: \_\_\_\_\_

Please check any products/services that may apply to your business:

- Food    Fuel    Lodging    Alcohol    Tobacco    Medical    Fire Arms    Contractor  
 Titled Vehicles (ST556)    Property Rental (Landlord)

### Site Information:

Property is:  Owned    Leased   Total Square Footage: \_\_\_\_\_ (provide a floorplan)    Home-based

Number of employees: \_\_\_\_\_FT   \_\_\_\_\_PT    Hazardous Materials

Regulatory/inspections/permits (provide copies of most recent records):

- Monee Village   Last Inspection Date: \_\_\_\_\_  
 Fire Dept   Last Inspection Date: \_\_\_\_\_  
 Health Dept   Last Inspection Date: \_\_\_\_\_  
 DCFS   Last Inspection Date: \_\_\_\_\_  
 EPA   Last Inspection Date: \_\_\_\_\_  
 Dept of Ag   Last Inspection Date: \_\_\_\_\_  
 RPZ/Backflow   Last Inspection Date: \_\_\_\_\_  
 Elevator   Last Inspection Date: \_\_\_\_\_

Vending/Entertainment Machines \_\_\_\_\_ quantity    Video Gaming Machines \_\_\_\_\_ quantity

*If vending/entertainment/video machines are leased please attach copy of lease agreement and include contact info on Contact Data Addendum form*



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### Business Web Listing Info:

Open to the Public:  Yes  No

#### Hours of Operation:

Mon \_\_\_:\_\_\_ am/pm to \_\_\_:\_\_\_ am/pm  Closed  By Appointment

Tue \_\_\_:\_\_\_ am/pm to \_\_\_:\_\_\_ am/pm  Closed  By Appointment

Wed \_\_\_:\_\_\_ am/pm to \_\_\_:\_\_\_ am/pm  Closed  By Appointment

Thu \_\_\_:\_\_\_ am/pm to \_\_\_:\_\_\_ am/pm  Closed  By Appointment

Fri \_\_\_:\_\_\_ am/pm to \_\_\_:\_\_\_ am/pm  Closed  By Appointment

Sat \_\_\_:\_\_\_ am/pm to \_\_\_:\_\_\_ am/pm  Closed  By Appointment

Sun \_\_\_:\_\_\_ am/pm to \_\_\_:\_\_\_ am/pm  Closed  By Appointment

#### Choose 1 Basic Category

- Advertising
- Automotive
- Cleaners
- Communication
- Contractor
- Distribution
- Education/Child Care
- Entertainment
- Financial
- Food & Beverage
- Fuel
- Funeral Services
- Health
- Home Care
- Landlord (rentals)
- Lodging/Tourism
- Industrial
- Insurance
- Personal Care
- Pets
- Real Estate
- Recreation
- Rental
- Shopping
- Staffing
- Storage
- Technology
- Transportation
- Trucking
- Other/Miscellaneous

Web Site1: \_\_\_\_\_

Web Site2: \_\_\_\_\_

Public Email: \_\_\_\_\_

#### Brief List of Business Products/Services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### About your business (i.e., History/Awards/etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Community Visibility/Participation:

Which of the following you would consider participating with (sponsorship/advertising/helping/etc):

- Fall Fest  Kids Day  Parks & Rec Programs  Christmas  Easter  Halloween  Village Newsletter
- Boy Scouts  Girl Scouts  Baseball  Football  Other: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_



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### Fee Schedule:

Business License: \$ \_\_\_\_\_  \$75 up to 2,500 ft<sup>2</sup>  \$100 2,500-5,000 ft<sup>2</sup>  \$150 over 5,000 ft<sup>2</sup>  
 \$1000 per transient merchant not based in Monee

Contractor License: \$ \_\_\_\_\_  \$150 General Contractor  \$100 SubContractor  
 \$ ( \_\_\_\_\_ )  \$50 discount for filing business and contractor licenses simultaneously

Liquor License: \$ \_\_\_\_\_ *refer to Liquor License Request for fee per specified classification*

Vending Machines: \$ \_\_\_\_\_ Quantity \_\_\_\_ x \$50 per Vending or Entertainment Machine

Video Gaming: \$ \_\_\_\_\_ Quantity \_\_\_\_ x \$200 per Video Gaming Machine

**Total:** \$ \_\_\_\_\_

- I have reviewed and understand the forms and obligation to collect and remit to the village in accordance with the local tax and processing fees that are to be charged on transactions by the business and remitted to Village of Monee on a monthly basis by the 15<sup>th</sup> of the subsequent month. These are in addition to any taxes (i.e. 8% sales tax) collected by the business and remitted to the State of Illinois.
- Alcohol\* ..... 1% per transaction for consumption on premises, 2% per transaction for retail (carry-out)
  - Tobacco\* .... 2% per transaction
  - Fire Arms\* .. 2% per transaction
  - Vehicles\* .... 1% per transaction of any titled vehicle (applies to transactions that require use of ST556)
  - Cannabis\* .. 5% per transaction of any products with cannabis ingredients (as defined/regulated by state laws)
  - Fuel ..... 1¢ per gallon
  - Lodging .....10% per transaction
- \* If more than half of sales generated (in either transaction quantity or total dollars) within the business include these products then the tax/processing fee shall apply to all transactions within that business. In the event two rates may exist then the higher rate shall apply to those transactions.**
- If your business has other locations outside Monee that collect sales tax, attach an additional sheet of paper listing each location.

### Affidavit:

HAS THE OWNER, PARTNER, CORPORATE OFFICER OR DIRECTOR EVER BEEN CONVICTED THE COMMISSION OF A FELONY UNDER THE LAWS OF THE STATE OF ILLINOIS OR ANY OTHER STATE OR FEDERAL LAW OF THE UNITED STATES?  Yes  No  
 (If YES, state the case name, number, court, nature of the charge date of conviction and the sentence received as an attachment)

I HEREBY CERTIFY THAT THERE ARE NO WILLFULL OMISSIONS, MISREPRESENTATIONS IN, OR FALSIFICATIONS OF, THE SUBMITTED STATEMENTS, ANSWERS, AND ATTACHMENTS. I AUTHORIZE THE VILLAGE OF MONEE TO CONDUCT A BACKGROUND CHECK ON THE APPLICANTS AND I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH OMISSIONS, MISREPRESENTATIONS, OR FALSIFICATIONS, MY APPLICATION WILL BE REJECTED, OR IF ALREADY ISSUED, MY LICENSE WILL BE SUBJECT TO REVOCATION. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE VILLAGE OF MONEE OF ANY CHANGES TO THE SUBMITTED INFORMATION, IMMEDIATELY AS THEY OCCUR.

I FURTHER ACKNOWLEDGE THAT FAILURE TO OBEY ALL FEDERAL, STATE, AND LOCAL LAWS OR FAILURE TO COLLECT AND REMIT REQUIRED TAXES AND FEES OR OBTAIN PERMITS AND INSPECTIONS OR MAINTAIN INSURANCE MAY SUBJECT THE BUSINESS TO PENALTIES, REVOCATION OF LICENSES AND BENEFITS FROM DEVELOPMENT AGREEMENTS OR OTHER INCENTIVES.

Signature of principal owner(s), partners or corporate president (the persons signing this application must be included in the submitted contact information forms).

_____ Signature	_____ Printed Name and Title	_____ Date
_____ Signature	_____ Printed Name and Title	_____ Date