



VILLAGE of MONEE



BUSINESS LICENSE APPLICATION 2018

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 ft² \$100 2,500-5,000 ft² \$150 over 5,000 ft²
 \$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 15th 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
 - Lodging10% 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