



# VILLAGE of MONEE



## BUSINESS LICENSE APPLICATION 2019

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: \_\_\_\_\_

