



# Business License Application 2026

Date Requested: \_\_\_\_\_

### Application Type:

Renewal      New Business      Name Change      Location Change      Owner Change      Information Update

### Business Info:

Business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
D/B/A: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ (Emergency)  
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 floor plan)      Home-based  
Number of employees: FT: \_\_\_\_\_ PT: \_\_\_\_\_      Hazardous Materials

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

Monee village      Last Inspection Date: \_\_\_\_\_  
Fire Department      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 a copy of the lease agreement, and include contact information 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

Web Site 1: \_\_\_\_\_

Web Site 2: \_\_\_\_\_

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

### Brief list of Business Products/Services:

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

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### Choose 1 Basic Category

- Advertising
- Automotive
- Child Care
- Cleaners
- Communication
- Contractor
- Distribution
- Education
- 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





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**Fee Schedule:**

Business License:      \$ _____		
\$75 up to 4,999 ft	\$300 5,000-10,000 ft	\$350 10,001-20,000 ft
\$450 20,001-50,000 ft	\$500 50,001-100,000 ft	\$1,000 100,001-250,000 ft
\$1,500 250,001-500,000 ft	\$2,500 500,001 or more ft	

Contractor License      \$ _____	\$150 General Contractor	\$100 Sub-Contractor
\$ ( _____ )	\$50 discount for filing business and contractor licenses simultaneously	
Liquor License:      \$ _____	<b>Refer to liquor license Request for fee per specified Classification</b>	
Vending Machine:      \$ _____	Quantity _____ X \$50 per Vending or Entertainment Machine	
Video Gaming:      \$ _____	Quantity _____ X \$250 per Video Gaming Machine	
Video Gaming:      \$ _____	_____ X \$250 Video Gaming Operator 6 or less machines	
\$ _____	_____ X \$600 Video Gaming Operator 6 or more machines	
<b>Total:</b> \$ _____	\$1,000 One-time/1 <sup>st</sup> time applicant for liquor license Processing Fee (Non-Refundable)	

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 the 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
- Firearms\*      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\*      5¢ per gallon / .10 per gallon Diesel
- 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 these transactions.**

If your business has other locations outside of 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 OF A 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 RESPONSIBIITY TO NOTIFY THE VILLAGE OF MONEE OF ANY CHAGES 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 principle owner (s), partners, or corporate president (the persons signing this application must be included in the submitted contact information forms).



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Signature	Printed Name and Title	Date
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Signature	Printed Name and Title	Date
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BUSINESS LICENSE APPLICATION 2026
CONTACT DATA—ADDENDUM

Date: \_\_\_\_\_
Contact Data Sheet \_\_\_\_\_ of \_\_\_\_\_

Please fully complete info for each contact. Use extra sheets as necessary. All contact types that apply should be provided. For individual owners/partners/managers please also include info in blue. For owners/partners/shareholders identify percentage of business owned. Provide updates to the Village within 10 days of any changes.

Contact Type: Owner Partner Corporation Manager Landlord Property Mgr. Security/Alarm BASSET
Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
Address2: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email: \_\_\_\_\_ %Owned
Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Male Female
Additional Info: \_\_\_\_\_

Contact Type: Owner Partner Corporation Manager Landlord Property Mgr. Security/Alarm BASSET
Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
Address2: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email: \_\_\_\_\_ %Owned
Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Male Female
Additional Info: \_\_\_\_\_

Contact Type: Owner Partner Corporation Manager Landlord Property Mgr. Security/Alarm BASSET
Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
Address2: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email: \_\_\_\_\_ %Owned
Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Male Female
Additional Info: \_\_\_\_\_

Contact Type: Owner Partner Corporation Manager Landlord Property Mgr. Security/Alarm BASSET
Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
Address2: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email: \_\_\_\_\_ %Owned
Driver's License: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Male Female
Additional Info: \_\_\_\_\_