



# APPLICATION FOR BUSINESS 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    ( ) Expansion    ( ) Other _____	
<b>BUSINESS NAME:</b> _____	<b>DBA:</b> _____
<b>TELEPHONE:</b> _____	<b>HOURS:</b> _____
<b>BUSINESS ADDRESS</b> _____	
Business Email Address _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>

### MAILING ADDRESS IF DIFFERENT FROM ABOVE

<b>NAME:</b> _____			
<b>TELEPHONE:</b> _____			
<b>BUSINESS ADDRESS</b> _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Email Address _____			

### PARENT COMPANY MAIN OFFICE

<b>NAME:</b> _____			
<b>TELEPHONE:</b> _____			
<b>BUSINESS ADDRESS</b> _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

<b>TYPE OF OWNERSHIP:</b> ( ) <i>INDIVIDUAL</i> ( ) <i>PARTNERSHIP</i> ( ) <i>CORPORATION</i> ( ) <i>LLC</i>
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**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 BUSINESSS 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 or money order for a payment of \$50.00 regarding your application. \$50.00 payment is due with the application or renewal. 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, nonclompliance 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