



BUSINESS LICENSE APPLICATION

Business License Office: (847) 359-9042 BL@palatine.il.us

New Business

Existing Business (if an existing business please check one of the following):

Ownership Change Name Change Address Change Other

BUSINESS INFORMATION:

Business Name (DBA): _____

Corporate Name (if different than DBA): _____

Business Address: _____ Suite/Unit #: _____

Billing Address (if different from Business Address): _____

Business Phone #: _____ Corporate Phone #: _____

Business Website: _____ Business E-mail: _____

Emergency Contact: Name: _____ Phone #: _____

Federal Employer Identification # (FEIN): _____ Illinois Business Tax # (IBT): _____

BUSINESS OWNERSHIP INFORMATION: Please list ALL business owners. If more than 2 owners, please attach a list of the additional business owners and their corresponding contact information:

1. Business Owner: _____ Driver's License #: _____

Home Address: _____

Phone: _____ E-Mail: _____

2. Business Owner: _____

Home Address: _____ Driver's License #: _____

Phone: _____ E-Mail: _____

BUSINESS TYPE (please select only the primary use of your business):

Retail/Wholesale Food Service Service/Office Entertainment Industrial

Total square footage of primary business: _____

If Food Service is not your primary business, but will be offered within your primary business, please indicate the square footage of the Food Service area: _____

Expected Date of Occupancy: _____

FOR VILLAGE USE ONLY

APPROVED

DENIED

LICENSE OFFICER: _____ Date: _____

DATE RECEIVED: _____

LICENSE FEE DUE: \$ _____

LICENSE NUMBER: _____

PROPOSED BUSINESS INFORMATION: To process your application, you must provide detailed information regarding your proposed business. At a minimum, please provide all of the following information:

Business Description: Please provide (or attach) a detailed description/business plan of your proposed business (this should include a summary of the business to be conducted, items and/or services to be offered, etc.):

Hours of Operation: _____ **Number of Employees:** _____

Please answer all of the following questions:

1) Will you be applying for (or do you have) a Village of Palatine Liquor License?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Have you ever been issued a business license in another community?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Have you ever had a liquor or business license sanctioned, suspended, or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Will cigarette/tobacco sales be offered as part of your business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Will vending machines be provided within your business?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO

*Note: If you answered yes to question 5 above, please submit the corresponding vending machine application.

By signing and submitting this Business License Application you acknowledge that the information provided is complete and accurate to the best of your knowledge and that, if approved, you will abide by all applicable Village regulations. In addition, you acknowledge that submitting this Business License Application does not constitute or guarantee the Village of Palatine's approval. Please note that it is your responsibility to obtain any necessary building permits for any construction work or improvements that are planned in conjunction with your business. Please contact the Village of Palatine to determine what permits, if any, would be required.

Signature/Title

Date

Note: If you DO NOT wish to share information about your business in the Village Newsletter or with the Palatine Area Chamber of Commerce please check the box:

Please submit your Business License Application to the following:

Village of Palatine
Attn: Business Licensing
200 E. Wood Street
Palatine, IL 60067
BL@palatine.il.us