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Village of M[illegible]
(OFFICE USE ONLY)
BL19-00022
LICENSE FEE $ 225.00
DATE ISSUED 3/22/19

Business License/Certificate Application

Community Development Department
Village of Mount Prospect
50 S. Emerson Street
Mount Prospect, IL 60056 (847) 818-5328

CONTACT FOR BUSINESS LICENSE APPLICATION:

Name: Joe Pesoli | Phone: 847-650-8164 | Email: JCP@cercogroup.com

THIS APPLICATION IS FOR (CHECK ONE):

☒ New business ☐ Existing business – new location ☐ New ownership of existing business OTHER:

EXPECTED DATE OF OCCUPANCY: 3/1/2019

The applicant has had a business license revoked in another city or state. ☐Yes ☒No If yes, explain:

I. BUSINESS INFORMATION:

Is your business licensed/certified by the State of Illinois? ☐ Yes ☑ No. **If Yes, State License #**_____ **(attach copy).** A

Example: Professionals required to be licensed by the state (i.e. Lawyers, Doctors, Real Estate Agents, Architects, etc...)

Business Legal Name: Prestige Feed Products, LLC | Business Website Address: www.prestigefeed.com

Doing Business As (Common Name):

Detailed Description of All Business Uses/Services provided:

We will be processing cheese for animal feed in the facility. The cheese will be dried into powder form and then sold as a raw ingredient into swine feeds. This product will be solely for animal feed use.

Business Location Address: 431 Lakeview Court | Suite #: A | City: Mount Prospect | State: IL | ZIP: 60056

Illinois Business Authorization Number (Sales/Use Tax # or Exempt #):

Federal Employee Identification Number (FEIN): 83-0945843

Square Footage of Space: 32,527 | # of employees: 8 | # of Commercial Vehicles: 0

Business Phone: 847-818-1550 | Business Contact Name/Title: Joe Pesoli- CEO | Business Email: JCP@cercogroup.com

II. BILLING INFORMATION – IF DIFFERENT THAN SECTION I:

Contact Person:	Address:	City:	State:	ZIP:
Phone Number:	Email Address:			

III. BUSINESS OWNERSHIP STRUCTURE – THIS BUSINESS IS A:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☒ Limited Liability Company ☐ Other: _____

IV. BUSINESS OWNER INFORMATION - RESIDENCE ADDRESS AND DATE OF BIRTH MUST BE COMPLETED:

First: Cereal Byproducts Co	M.I.	Last:	Date of Birth:	
Home Address: 601 E. Kensington road		City: Mount Prospect	State: IL	ZIP: 60056
Home/Cell Phone (circle):		Email:		
First:	M.I.	Last:	Date of Birth:	
Home Address:		City:	State:	ZIP:
Home/Cell Phone (circle):		Email:		

V. LANDLORD INFORMATION (IF THE SPACE IS RENTED):

Company: Pima 4 LLC	Contact Person: Gina Bertolini		
Address: 1001 Feehanville Drive	City: Mount Prospect	State: IL	ZIP: 60056
Phone Number: 847-394-6200	E-mail Address: gina@nicholasquality.com		

VI. BUSINESS DETAILS – ANSWER ALL QUESTIONS BELOW:

1.	Is the business a new use in this location when compared to the previous occupant? *If YES, note previous use:* Call Center *Example: Opening a restaurant in a location that was previously an office is a new use.*		☑ Yes ☐ No ☐ Unsure
2.	Does this business offer massage therapy to the general public? *If Yes, Massage Therapy Addendum is required.*	B	☐ Yes ☑ No
3.	Does this business have coin-in-slot or vending machine devices on the premises? *If Yes, Vending Machine Addendum is required.*	C	☐ Yes ☑ No
4.	Will hazardous materials be stored at this location? *If Yes, attach MSDS Addendum and note materials for each type.*	D	☐ Yes ☑ No
5.	Does your business use tow trucks in the operation of your business? *If Yes, how many?* _____ *and attach proof of current Liability Insurance.*	E	☐ Yes ☑ No
6.	Does this business sell tobacco/e-cigarette products over the counter?		☐ Yes ☑ No
7.	Please check the box if your business is any of the following: ☐ *Day Care* ☐ *Solid Waste Transfer Station* ☐ *Health Club/ Gym* ☐ *Hotel/Motel* ☐ *Trailer Coach Park*		
8.	Will you or have you applied for a building permit? *Work that adds, moves, or exposes water lines, gas, electricity or walls needs a building permit.*		☐ Yes ☑ No
9.	Does this business location have or will have a security alarm? *Note: A Building Permit is required to install a security alarm.*		☐ Yes ☑ No
10.	Will you be making modifications/additions to signage? *Note: A Sign Permit may be required.*		☐ Yes ☑ No
11.	IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW, REQUEST A FOOD & BEVERAGE PACKET & SUBMIT THE ACKNOWLEDGEMENT FORM WITH THIS APPLICATION.	F	
	a) Is more than 10% of the business floor area devoted to the sale and/or storage of food/beverages?		☐ Yes ☑ No
	b) Does this business sell/serve prepared food or beverages directly to the general public?		☐ Yes ☑ No
	c) Does this business use a vehicle to sell prepared food or beverages directly to the general public?		☐ Yes ☑ No
	d) Have you applied or will you apply for a liquor license (Village Manager's office)?		☐ Yes ☑ No
	e) Restaurants with a bar area, indicate number of seats/barstools _____		
	f) Does this business have a certified food handler?		☐ Yes ☑ No
	If Yes, provide name of employee/s: _____ Date of certification: _____		

VII. EMERGENCY CONTACT INFORMATION – OTHER THAN OWNER, CONTACTS SHOULD BE LOCAL & HAVE ACCESS TO THE BUILDING

First: Joe	Last: Pesoli		Role (i.e. Manager): CEO	
Home Address: 601 E. Kensington Road		City: Mount Prospect	State: IL	ZIP: 60056
Home/Cell Phone (circle): 847-650-8164		Email: JCP@cercogroup.com		
First: Joe	Last: Ignoffo		Role (i.e. Manager): Manager	
Home Address: 601 E. Kensington road		City: Mount Prospect	State: IL	ZIP: 60056
Home/Cell Phone (circle): 773-617-6912		Email: JSI@prestigefeed.com		

ATTACHMENT CHECKLIST ☑ **Please note your attachments below before submitting this application.**

(NOTE: Omitting attachments required with your application can delay issuance of the license. INCOMPLETE applications will NOT be accepted.)

☐ A State License	☐ B Massage Therapy Addendum	☐ C Slot/Vending Addendum
☐ D MSDS Hazardous Materials	☐ E Proof of Liability Insurance	☐ F Food & Beverage Acknowledgement Form

Next step: Call the Fire Department at 847-818-5253 to schedule your Fire Inspection!

Note: If license has not been issued or picked up within six (6) months of the application date, this application will be considered VOID and a new application shall be submitted.

☒ I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ADDENDUMS (IF APPLICABLE) HAS BEEN FURNISHED BY ME AND TO THE BEST OF MY KNOWLEDGE IS CORRECT. I UNDERSTAND THAT ANY UNTRUE, INCONSISTENT OR MISLEADING INFORMATION SHALL BE CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION. I FURTHER CERTIFY THAT BY APPLYING IN WRITING FOR A LICENSE TO OPERATE IN THE VILLAGE OF MOUNT PROSPECT I HAVE READ AND UNDERSTAND MY OBLIGATIONS UNDER APPROPRIATE VILLAGE ORDINANCES RESPECTIVE TO THE LICENSE (S) FOR WHICH I AM APPLYING. I FURTHER CERTIFY THAT IF ANY OF THE FOREGOEING INFORMATION CHANGES DURING THE COURSE OF THE LICENSE YEAR I WILL NOTIFY THE VILLAGE, IN WRITING, WITHIN SEVEN (7) DAYS OF SUCH CHANGE.

☐ I WILL CALL THE FIRE DEPARTMENT AT **847-818-5253** TO SCHEDULE THE FIRE INSPECTION NEEDED FOR THIS BUSINESS LICENSE. *(Please schedule your inspection within 5 days of submitting this application.)*

Signature | Joseph C. Pesoli (Printed Name) | 12/19/2018 (Date)