



Business License/Certificate Application

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

(OFFICE USE ONLY)

LICENSE NO:	LICENSE FEE: \$
DATE ROUTED:	DATE ISSUED:

CONTACT FOR BUSINESS LICENSE APPLICATION:

Name: _____ Phone: _____ Email: _____


THIS APPLICATION IS FOR (CHECK ONE):

New business Existing business – new location New ownership of existing business OTHER: _____

EXPECTED DATE OF OCCUPANCY: _____

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

Business Legal Name: _____ Business Website Address: _____

Doing Business As (Common Name): _____

Detailed Description of All Business Uses/Services provided:

Business Location Address: _____ Suite #: _____ City: _____ State: _____ ZIP: _____

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

Federal Employee Identification Number (FEIN): _____

Square Footage of Space: _____ # of employees: _____ # of Commercial Vehicles: _____

Business Phone: _____ Business Contact Name/Title: _____ Business Email: _____

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: _____ M.I. _____ Last: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home/Cell Phone (circle): _____ Email: _____

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Home Address: _____ City: _____ State: _____ ZIP: _____

Home/Cell Phone (circle): _____ Email: _____

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

Company: _____ Contact Person: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ E-mail Address: _____



VI. BUSINESS DETAILS – ANSWER ALL QUESTIONS BELOW:

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

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.)

<input type="checkbox"/> A State License	<input type="checkbox"/> B Massage Therapy Addendum	<input type="checkbox"/> C Slot/Vending Addendum
<input type="checkbox"/> D MSDS Hazardous Materials	<input type="checkbox"/> E Proof of Liability Insurance	<input type="checkbox"/> 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 FOREGOING 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 _____

Printed Name _____

Date _____

