



APPLICATION AND INVOICE
CLARENDON HILLS BUSINESS LICENSE
CALENDAR YEAR 20__

Application is hereby made in Village of Clarendon Hills
For a Business License under the Municipal Code

Date _____

Name of Business _____

Business Address _____

Business Phone Number _____ Business Fax Number _____

Name of Owner(s) _____

Home Address of Principal Owner _____

Home Phone Number _____ Alt. Number _____ (fax, cell, pager)

If Corporation, State of Incorporation _____

Date of Incorporation _____ Certificate No. _____

Name & Title of Officers: Address City, State, Zip

Location For Which This Application is Being Made:

Property Owner _____

Address _____ Phone Number _____

If Leased, Managing Agent _____ Phone Number _____

Address _____

Term of Lease _____

Liability Insurance Coverage

Name of Agent _____

Name of Insurance Company _____

Policy Number _____ Policy Period _____

Illinois Retail Occupation Tax No. _____

Number of Employees at This Location _____ Full Time _____ Part Time

Detailed Profile of Business & All Services Rendered at This Location:

Square Footage of Business _____ Zoning Classification _____

ALL BUSINESSES WILL BE INSPECTED ANNUALLY RELATIVE TO BUILDING AND FIRE DEPARTMENT CODES.

(i)(We) hereby certify that all of the information contained in this application for a Business License is true and correct, further that any false information provided for in this application shall be grounds for revocation of the Licenses as well as any other penalties provided for by law. **NOTE-THIS IS AN APPLICATION FOR A BUSINESS LICENSE AND IT IS UNDERSTOOD THAT A BUSINESS CANNOT BE CONDUCTED UNTIL A LICENSE IS ISSUED BY THE VILLAGE OF CLARENDON HILLS, ILLINOIS.** (I)(We) further state that (I)(we) understand all of the ordinances of the Village of Clarendon Hills that pertain to the operation of a Business in the _____ Zoning District of the Village of Clarendon Hills and have confirmed the classification of our business is listed in this Zoning as permitted use.

Date: _____

Signature of Authorized Person Making This Application: _____

Title: _____

Fee:

()	Basic Business (under 1,000 square feet of floor area)	\$ 50.00
()	Basic Business (between 1,000 and 5,000 square feet of floor area)	\$ 70.00
()	Basic Business (over 5,000 square feet of floor area)	\$ 110.00
-----	Hotel or Motel (see Community Development Department)	Separate form and fee required

<u>VILLAGE USE ONLY:</u>	
Code Enforcement Review By _____	Date _____
Comments _____	
Fire Department Review By _____	Date _____
Comments _____	
LICENSE IS: _____ APPROVED _____ DENIED	LICENSE NO. _____
Reason for Denial _____	

RETURN COMPLETED APPLICATION WITH PROPER FEES TO: Village Hall
 Village of Clarendon Hills
 1. N. Prospect Avenue
 Clarendon Hills, IL 60514