



BUSINESS LICENSE APPLICATION

Application is hereby made to the Village of Woodridge for a Business License under the Code of Ordinances of the Village of Woodridge.

License applications will not be processed unless information is provided in full.

PLEASE PRINT OR TYPE.

BUSINESS INFORMATION

Zoning classification _____ (Call the Community Development Department at 630-719-4750 for classification).

Licenses being applied for (check all that apply)

Business License Tobacco License Alarm

Business name (dba) _____

Address of business _____

Suite or unit number _____ Square footage _____

Mailing address
(if different than above) _____

City, state and zip code _____

Business telephone number _____ Fax number _____

Business email address _____

Ok to send Village marketing information to this address? Yes No

IL Business Tax (IBT) number _____

Number of employees at this location _____ Full time _____ Part time

Name and address of building owner _____

If applicable, name and address of leasing agent _____

Dates of lease _____

Liability insurance coverage – agent & company name _____

Insurance policy number _____ Policy period _____

BUSINESS DESCRIPTION AND STRUCTURE

Detailed profile of business and all services rendered at this location:

Primary business _____

Secondary business (if applicable) _____

Business Structure (check one)

- Sole Proprietorship** **Partnership** **Illinois Corporation**
 Foreign Corporation **Limited Liability Company**

If a Sole Proprietorship or Partnership, provide the following:

Owner's (or Partners) name(s) _____

Address(es) _____

Date(s) of birth _____

Telephone number(s) _____ Email address(es) _____

If an Illinois, or Foreign Corporation, or Limited Liability Company provide the following:

Date of incorporation _____ Certificate number _____

Owner's name(s) _____

Name of corporation _____

Address of corporation _____

Telephone number _____ Email address _____

List information on all Corporate Officers:

Name _____ Title _____

Home address _____

Work phone _____ Work email _____

Name _____ Title _____

Home address _____

Work phone _____ Work email _____

Name _____ Title _____

Home address _____

Work phone _____ Work email _____

Name _____ Title _____

Home address _____

Work phone _____ Work email _____

A corporation must disclose the names and addresses of the officers, directors, and those stockholders **owning in excess of five percent (5%)** of the outstanding stock of interest:

Name	Home Address	City, State, Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A corporation must provide the following information for the person or entity designated to receive important tax and legal documents on behalf of the corporation:

Registered agent's name and title _____

Agent's address _____

Telephone number _____ Email address _____

CONTACTS

Manager or Liquor Manager

Name _____ Home phone _____

Home address _____

Cell phone _____ Work email _____

Ok to send Village marketing information to this email address? Yes No

Emergency Contact 1

Name _____ Home phone _____

Home address _____

Cell phone _____ Work email _____

Emergency Contact 2

Name _____ Home phone _____

Home address _____

Cell phone _____ Work email _____

Alarm Company

Name _____ Phone _____

Address _____

Please list any special circumstances or other items you would like the Police Department to know about:

AUTHORIZED PERSON MAKING THIS APPLICATION

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 license as well as any other penalties provided for by law.

Note: This is an application for a business license and it is understood that business cannot be conducted until a license is issued by the Village Clerk of the Village of Woodridge, Illinois. I/we further state that I/we understand all of the Ordinances of the Village of Woodridge that pertain to the operation of a business in the _____ zoning district of the Village of Woodridge and **have confirmed the classification of our business is listed in this zoning district as a permitted use.**

Printed Name _____ Signature _____

Title _____ Date _____

REQUIRED DOCUMENTATION

- A copy of the fully executed lease.
- A copy of the Illinois Business Authorization Certificate (issued by the Illinois Department of Revenue; must note "Woodridge" as the location in the top right-hand corner of the Certificate).
- SDS (Safety Data Sheets), if required. Please supply on a disc or flash drive if over 100 pages.

Return completed application and required documentation to:

**Village Clerk's Office
Village of Woodridge
5 Plaza Drive
Woodridge, IL 60517**