

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 ACCEPTED UNLESS INFORMATION IS PROVIDED IN FULL.

PLEASE PRINT

BUSINESS NAME _____

PRIMARY MANAGER _____

PRIMARY MANAGER EMAIL _____

BUSINESS ADDRESS _____

STREET ADDRESS _____ **SUITE NO.** _____

CITY _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

MAILING ADDRESS _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE _____ **FAX** _____

EMERGENCY PHONE _____

OWNERSHIP INFORMATION

IF THE BUSINESS IS INDIVIDUALLY OWNED:

NAME _____

HOME ADDRESS _____

HOME PHONE _____

DATE OF BIRTH _____

IF THE BUSINESS IS OWNED BY A PARTNERSHIP:

NAME OF PARTNERS (1) _____

(2) _____

PARTNERS ADDRESSES (1) _____

(2) _____

HOME PHONE NUMBERS (1) _____ (2) _____

DATE OF BIRTH (1) _____ (2) _____

DATE OF FORMATION _____

IF THE BUSINESS IS OWNED BY A CORPORATION

NAME OF CORPORATION _____

ADDRESS OF CORPORATION _____

PRIMARY PHONE NUMBER _____

STATE OF INCORPORATION _____

DATE OF INCORPORATION _____

CERTIFICATE NUMBER _____

| NAME AND TITLE OF OFFICERS | ADDRESS | CITY, STATE, ZIP | PHONE |
|----------------------------|---------|------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

A CORPORATION MUST DISCLOSE THE NAMES AND ADDRESSES OF THE OFFICERS, DIRECTORS AND THOSE STOCK HOLDERS OWNING IN EXCESS OF FIVE (5) PERCENT OF THE OUTSTANDING STOCK OF INTEREST.

| NAME | ADDRESS | CITY, STATE, ZIP | PHONE |
|-------|---------|------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CORPORATIONS MUST PROVIDE THE FOLLOWING:

REGISTERED AGENT _____
(A person or entity designated to receive important tax and legal documents on behalf of the corporation.)

AGENT'S TITLE _____

AGENT'S ADDRESS _____

AGENT'S PHONE # _____

LOCATION FOR WHICH THIS APPLICATION IS BEING MADE:

PROPERTY OWNER _____

ADDRESS OF OWNER _____

IF THE PROPERTY IS LEASED:

LEASING AGENT _____

AGENT EMAIL _____

AGENT'S ADDRESS _____

DATES OF LEASE _____

LIABILITY INSURANCE COVERAGE:

NAME OF AGENT _____

INSURANCE CO. _____

POLICY # _____

POLICY PERIOD _____

ILLINOIS RETAIL OCCUPATIONAL TAX NO. _____

(Also known as the Illinois Business Tax No.)

If no number explain why _____

NUMBER OF EMPLOYEES AT THIS LOCATION _____ FT _____ PT

DETAILED PROFILE OF BUSINESS AND ALL SERVICES RENDERED AT THIS LOCATION:

PRIMARY USE: _____

SECONDARY USE: _____

SQUARE FOOTAGE OF BUSINESS _____ **ZONING CLASSIFICATION** _____

PLEASE PROVIDE THE FOLLOWING WITH YOUR COMPLETED APPLICATION:

- A CURRENT COPY OF YOUR LEASE;
- A COPY OF YOUR ILLINOIS BUSINESS AUTHORIZATION CERTIFICATE (ISSUED BY THE ILLINOIS DEPARTMENT OF REVENUE; MUST NOTE "WOODRIDGE" AS THE LOCATION).

Woodridge Police Department Business Notification Sheet

In order for emergency service personnel to respond to your business, the following information must be provided. In the event that your below listings change, it will be the responsibility of the business owner/manager to notify the Woodridge Police Department in writing of the changes.

Please Print or Type

| |
|---|
| BUSINESS NAME |
| BUSINESS ADDRESS |
| BUSINESS PHONE NUMBER |
| BUSINESS FAX NUMBER |
| E-MAIL ADDRESS FOR BUSINESS |
| ALARM COMPANY NAME/ADDRESS/PHONE NUMBER |
| BUSINESS OWNER'S NAME, HOME ADDRESS AND HOME PHONE NUMBER |

| | | |
|----------------------------------|----------------------|--------------------|
| MANAGER'S NAME | MANAGER HOME ADDRESS | HOME PHONE OR CELL |
| AFTER HOURS EMERGENCY CONTACT #1 | HOME ADDRESS | HOME PHONE OR CELL |
| AFTER HOURS EMERGENCY CONTACT #2 | HOME ADDRESS | HOME PHONE OR CELL |
| AFTER HOURS EMERGENCY CONTACT #3 | HOME ADDRESS | HOME PHONE OR CELL |

BUSINESS NOTIFICATION SHEETS

| BUSINESS HOURS | OPEN | CLOSE |
|-----------------------|-------------|--------------|
| SUNDAY | | |
| MONDAY | | |
| TUESDAY | | |
| WEDNESDAY | | |
| THURSDAY | | |
| FRIDAY | | |
| SATURDAY | | |

Do you have an alarm? Yes No

What type of alarm do you have? Burglar Fire Hold up Panic Other

Alarm Installer/Monitoring Station: _____

Address _____ Phone Number: _____

Direct Hook up? Yes No **To police?** Yes No **Fire?** Yes No **Hardwire?**
Radio?

Please indicate any special instructions you would like the Woodridge Police Department to know when responding to your alarm? (Use separate page if necessary)

Are there any weapons on the premises? Yes No

If the answer to the above question is yes, where are they and what kinds of weapons are they? **Be specific** (use separate page if necessary).

Are there guard dogs on the premise/property? Yes No

If the answer to the above question is yes, when are the dogs on the premise/property? Where are the dogs on the premise/property? **Be specific** (use separate page if necessary).

Under the right to know law, are any substances stored at your premise/property that require material safety data sheets? Yes No

**Please attach each M.S.D.S. to this document. List the location of each substance.
 If special care is required to any substance please indicate this.
 Please be specific.**

In the event that the above named business is found to be unsecured, i.e., unlocked or where an entrance door or a window is found to be open when the premises are not occupied after business hours, I hereby authorize the officers of the Woodridge Police Department to enter the above named business for the purpose of protecting persons and property and to search for possible intruders.

Signature: _____

Date: _____