

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 _____

BUSINESS ADDRESS _____
STREET ADDRESS _____ **SUITE NO.** _____

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

BUSINESS PHONE _____

BUSINESS FAX _____

EMERGENCY PHONE _____

BUSINESS EMAIL _____

BUSINESS WEBSITE _____

OWNERSHIP INFORMATION

IF THE BUSINESS IS INDIVIDUALLY OWNED:

NAME _____

HOME ADDRESS _____

HOME PHONE _____

DATE OF BIRTH _____

S.S.N _____

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) _____

S.S.N. (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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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'S ADDRESS _____

DATES OF LEASE _____

PLEASE PROVIDE A CURRENT COPY OF YOUR 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 & 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 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 A 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.

DATE _____

PRINTED NAME, SIGNATURE, TITLE, AND PHONE NUMBER OF AUTHORIZED PERSON MAKING THIS APPLICATION:

Printed Name Signature Title

Phone

FEE: BUSINESS _____
TOBACCO _____
VENDING _____
ALARM _____

DO NOT WRITE BELOW THIS LINE

Code Enforcement Review By _____ Date _____

Comments _____

LICENSE IS _____ APPROVED _____ DENIED Receipt No. _____

License No. _____

Decal No. _____

REASON FOR DENIAL _____

RETURN COMPLETED APPLICATION TO: Village Clerk's Office
Village of Woodridge
Five Plaza Drive, Room 201
Woodridge, IL 60517

**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	MANAGER HOME PHONE/CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #1	HOME ADDRESS	HOME PHONE OR CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #2	HOME ADDRESS	HOME PHONE OR CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #3	HOME ADDRESS	HOME PHONE OR CELL/PAGER

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: _____