



# BUSINESS LICENSE APPLICATION

300 Plaza Circle, Mundelein, IL 60060  
 847-949-3200  
 www.mundelein.org

Application Date: \_\_\_\_\_  
 License No.: \_\_\_\_\_

New  Re-issuance

**Please complete the following:**

Corporate Name: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Licensed Address: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
 Name of Business Owner: \_\_\_\_\_  
 Emergency Telephone: \_\_\_\_\_  
 Manager or Supervisor: \_\_\_\_\_  
 Business E-mail address: \_\_\_\_\_

**Applicant Information:**

- Sole Proprietor/Owner
- Partnership
- Corporation
- Limited Liability Corp. (LLC)

**CERTIFICATE OF REGISTRATION NUMBER UNDER THE ILLINOIS RETAILER'S OCCUPATION TAX, SERVICE OCCUPATION TAX** \_\_\_\_\_

**The following licenses are hereby applied for:**

	<u>FEE</u>		<u>FEE</u>
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____
<b>TOTAL LICENSE FEE</b>			_____

*(A late fee of \$10.00 will be added for applications received after May 1; and \$20.00 will be added for applications received after June 1.)*

Please draw a line through or insert "N/A" on any line which does not pertain to your license. Incomplete Applications will be returned to you for completion and will slow down processing of your license.

**SOLE PROPRIETOR/OWNER APPLICANT INFORMATION**

Name (last, first, middle): \_\_\_\_\_  
 Current Home Address: \_\_\_\_\_  
 City, State & ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PARTNERSHIP APPLICANT INFORMATION**

Name of Partnership: \_\_\_\_\_  
 Current Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Date partnership formed: \_\_\_\_\_

List of persons who have an interest or are entitled to share in the profits of the partnership:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

*(Continue in next column)*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

*(If additional space is necessary, please attach a separate sheet to this Application stating the above information with respect to each of them.)*

**CORPORATION OR LLC APPLICANT INFORMATION**

Name of Corporation: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

If state of incorporation is other than Illinois, the date the corporation was qualified to do business in Illinois: \_\_\_\_\_

Name and address of Corporation's registered agent in Illinois:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

List of Officers and Directors of the Corporation:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone No.: \_\_\_\_\_

\_\_\_\_ Director \_\_\_\_ Officer Title \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone No.: \_\_\_\_\_

\_\_\_\_ Director \_\_\_\_ Officer Title \_\_\_\_\_

Is majority in interest of the corporation stock owned by one person?  Yes  No

If yes, please list that person's name (or his nominee or nominees):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

*(Please attach a separate sheet to this Application if additional space is necessary.)***MANAGER INFORMATION**

Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City, State &amp; ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

The undersigned hereby states that all of the information provided herein, as well as any supplemental information on the reverse side or attached hereto, is true, correct and complete to the best of his/her knowledge, information and belief.

The undersigned further represents, that to the best of his knowledge, the building and premises on which said business, occupation, activity or establishment is located or is proposed to be located complies with all zoning, building, fire, health and other ordinances, codes, rules and regulations of the Village of Mundelein and Statutes, rules and regulations of the State of Illinois and understands that an inspection may be made of such building and premises by authorized Village officials or employees prior to the issuance or re-issuance of the license applied for herein. The undersigned further acknowledges that the failure of any owner, director, shareholder, officer, partner, agent or employee to permit any authorized Village officials or employees to conduct such inspections may be grounds for the suspension or revocation of the business license or the denial of a re-issuance of the business license.

\_\_\_\_\_  
**Signature of owner, partner or official as indicated on this application****FOR OFFICE USE ONLY:**

Business License distributed and premises inspected by \_\_\_\_\_ Date: \_\_\_\_\_

This business use has been reviewed by the Community Development Department and is determined to be appropriate for the zoning district in which it is located.

By: \_\_\_\_\_

Receipt of inspection and delivery:

Inspected and delivered by \_\_\_\_\_ Date: \_\_\_\_\_

Received at business by \_\_\_\_\_

 For full year beginning May 1 and ending April 30. For one-half year or less beginning \_\_\_\_\_ 20\_\_\_\_ and ending April 30, 20\_\_\_\_

Fee \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_