Phone: 708-467-3700 Fax: 708-467-3710

Village of Willow Springs
One Village Circle
Willow Springs, IL. 60480

~ APPLICATION FOR BUSINESS LICENSE ~

TO THE PRESIDENT AND BOARD OF TRUSTEES ☐ NEW APPLICATION

VILLAGE OF WILLOW SPRINGS, ILLINOIS ☐ RENEWAL

Preferred email address _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR THE ISSUANCE OF A BUSINESS LICENSE FOR THE PERIOD BEGINNING _____, _____ AND ENDING DECEMBER 31, _____.

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ UNIT # _____

ILLINOIS RETAIL SALES TAX #: _____ FEIN #: _____

TYPE OF BUSINESS: _____

DESCRIBE, AS COMPLETE AS POSSIBLE, WHAT THE OPERATIONS OF THIS BUSINESS WILL BE.

_____

_____

This section must be complete no exceptions

APPLICANT'S NAME: _____ HOME PHONE: _____

BIRTHDATE: _____ SOC. SEC. #: _____ DRIV. LIC. #: _____

HOME ADDRESS: _____ CITY: _____

STATE _____ ZIP CODE _____

RELATIONSHIP TO THE BUSINESS (OWNER, OFFICER, REGISTERED AGENT, ETC.): _____

FORM OF BUSINESS: SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

IF THE BUSINESS IS A PARTNERSHIP, LIST THE NAME AND ADDRESS OF ALL PARTNERS, AS WELL AS THEIR PERCENTAGE (%) OF OWNERSHIP:

NAME: _____ % OWNED: _____

NAME: _____ ADDRESS: _____ % OWNED: _____

NAME: _____ ADDRESS: _____ % OWNED: _____

NAME: _____ ADDRESS: _____ % OWNED: _____

IF THE BUSINESS IS A CORPORATION, LIST THE NAME AND ADDRESS OF THE PRESIDENT, SECRETARY, AND THE REGISTERED AGENT: DATE OF INCORPORATION _____

PRESIDENT: _____ ADDRESS: _____

HOME ADDRESS: _____ CITY: _____

STATE _____ ZIP CODE _____ PHONE: _____

SECRETARY: _____

HOME ADDRESS: _____ CITY: _____

STATE _____ ZIP CODE _____

REG. AGENT: _____

HOME ADDRESS: _____ CITY: _____

STATE _____ ZIP CODE _____

LIST EACH STOCKHOLDER OWNING MORE THAN 10% OF THE SHARES OF THE CORPORATION:

NAME: _____ ADDRESS: _____ % OWNED: _____

NAME: _____ ADDRESS: _____ % OWNED: _____

NAME: _____ ADDRESS: _____ % OWNED: _____

(ATTACH ADDITIONAL PAGES FOR ANY OTHER NAMES NECESSARY)

VENDING MACHINES LOCATED IN BUSINESS:

TYPE OF MACHINE	NUMBER	VENDING LICENSE #

NAME OF LIABILITY INSURANCE CARRIER: _____

NAME AND ADDRESS OF INSURANCE AGENT: _____

_____ PHONE: _____

WHO TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER HOME: _____ CELL: _____

NAME: _____ ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER HOME: _____ CELL: _____

NAME: _____ ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER HOME: _____ CELL: _____

IS THE OWNER OF THE BUSINESS ALSO THE OWNER OF THE BUILDING? (YES OR NO): _____
IF NOT, PLEASE GIVE THE EXPIRATION DATE OF THE LEASE: _____
NAME OF LESSOR: _____ ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER HOME: _____ CELL: _____

WILL YOU HAVE HAZARDOUS OR FLAMMABLE COMBUSTIBLE MATERIALS STORED? (Y / N): _____

IF YOU ANSWERED YES TO THE ABOVE QUESTION, A PERMIT IS REQUIRED FROM THE FIRE DEPARTMENT.

WILL YOU BE ALTERING THE EXISTING SIGN? (YES OR NO): _____
WILL YOU BE INSTALLING A NEW SIGN? (YES OR NO): _____

IF YOU ANSWERED YES TO EITHER QUESTION, A PERMIT IS REQUIRED FROM THE BUILDING DEPARTMENT.

ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED BEFORE THE APPLICATION WILL BE PROCESSED. ANY FALSEHOOD OR OMISSION, WHETHER INTENTIONAL OR UNINTENTIONAL, WILL BE CAUSE TO REFUSE OR SUSPEND ANY BUSINESS LICENSED BY THE VILLAGE CLERK'S OFFICE.

AUTHORIZED BY:

_____ _____
NAME (PLEASE PRINT) SIGNATURE

_____ _____
TITLE PHONE

For Village of Willow Springs use only

BUSINESS NAME: _____

FEES

BUSINESS LICENSE $ _____
VENDING LICENSE $ _____
AMUSEMENT LICENSE $ _____
CIGARETTE LICENSE $ _____

SIGN FEE $ _____
TANK FEES $ _____
PUMP FEES $ _____
(OVER 3 PUMPS)

TOTAL FEES $ _____

APPROVED BY:

_____ DATE: _____ _____ DATE _____
BUILDING COMMISSIONER FIRE CHIEF

_____ DATE: _____ _____ DATE _____
VILLAGE ADMINISTRATOR LICENSE COMMITTEE CHAIRPERSON

LICENSE GRANTED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF WILLOW SPRINGS