



Village of Willow Springs
1 Village Circle | Willow Springs, IL 60480
(p) 708-467-3700 | (f) 708-467-3710

Business License Application Information

1. Check with the building department to make sure the location you have chosen for your business is zoned correctly.
2. Completely fill out the Business License Application. The Village Clerk's office will need a copy of your FEIN and Illinois Sales Tax # (if applicable) when submitting your application and corporation papers. If you are licensed or certified with the State of Illinois, the Village will need a copy of your State Certification.
3. Your application must be approved by the Village Board prior to opening or operating. The Board meets the second (2nd) and fourth (4th) Thursday of each month at 7:00 p.m. held in the Village Hall meeting room, 1 Village Circle. **You must attend this meeting.** The Board may ask you questions regarding your business.
4. If you are approved by the Village Board you will need to come to the Village Hall within the next (7) seven days to pay for your license. Prior to opening, inspections must be performed by the Fire Inspector and the Building Commissioner.
5. You **may NOT** do any construction work, rehab or remodeling without first checking with the building department to determine if a building permit is required.
6. If you are going to have a sign for your business, you must complete a separate sign permit application and submit it with your business license application. **PLEASE NOTE:** Banners, flag signs, sandwich board signs, etc. are **NOT PERMITTED** except as authorized on a temporary basis.

Application needs to be returned by _____ for this to be placed on the agenda for the Village Board Meeting to be held on

_____.

Signature of Applicant



VILLAGE OF WILLOW SPRINGS

ONE VILLAGE CIRCLE

WILLOW SPRINGS, IL 60480

PHONE: (708) 467-3700 FAX: (708) 467-3710

Business License Application

Date: _____ ☐ New Application ☐ License renewal License Year _____

Business Name: _____

DBA: _____ Corporate? ☐ INC ☐ LLC

Business Address: _____

Business Phone: _____ E-Mail Address: _____

Illinois Retail Sales Tax Number: _____ FEIN Number: _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's License: _____

Relationship to the business (owner, officer, registered agent, etc.): _____

Manager's Name: _____ Phone: _____

Describe the operations of this business: _____

If you are licensed by the State of Illinois, YOU MUST attach a copy of your state license to application

Tentative business open date (**Must attend meeting before opening**): _____

Vending Machines located in the business: ☐ YES ☐ NO Number of Machines: _____

Type of vending machines: _____

All new business applicants MUST attend a Village Board meeting for Board approval prior to the business opening. The signature below indicates full examination of this completed form.

ANY misrepresentation or falsification of information may result in revocation of business license.

Applicant Signature

Date

*****FOR OFFICE USE ONLY*****

ZONING: ☐ B-1 ☐ B-2 ☐ A/O ☐ VCPD ☐ NWSRCPD ☐ L-1 ☐ Permitted _____

Special Use Required? ☐ Yes ☐ No PZC Hearing Date _____

☐ Approved ☐ Denied

Village Board Meeting Date: _____ ☐ Approved ☐ Denied

Will the business have a sign? ☐ YES ☐ NO **If YES**, you must complete a sign permit application and submit it at the same time as your business license application)

Please find your business type below and answer the applicable questions.

Restaurants, Banquet Halls, Bars or Lounges:

Will you be serving or selling any milk or related dairy products, bread or related bakery goods, meat or other forms of prepared food? ☐ YES ☐ NO **If YES**, please include a copy of your FSS Certificate.

Total number of seats_____ Total number of parking spaces available_____

Specify the number and the type of amusement devices operated at your establishment:

Juke Box_____ Bowling Games_____ Pool Table_____ Dart Board_____ Pinball Machines _____

Arcade Style Video Games (**non-gambling**)_____

State Video Gaming License # _____ Number of Terminals_____

Please include Video Gaming Application and copy of Illinois Gaming Board Certification

OFFICE USE ONLY

Type of Machine	Vending License #	Inspected By	Date

Automobile & Truck Sales, Repair, Rental and Parking:

Will your business be involved in any of the following (please indicate all that apply)

☐ Automobiles ☐ Trucks/Trailers

☐ Sales Rental ☐ Repair ☐ Rebuilding ☐ Parking Space Rental # of spaces_____

Fuel & Service Stations: Please submit Vehicle Fuel Tax application

Number of Pumps_____ Storage Capacity in Gallons_____

Have the tanks been pressure tested? ☐ Yes ☐ No If so, when?_____

Vehicle Repair Bay on site? ☐ Yes ☐ No If so, what is the square footage?_____

Car Wash on site? ☐ Automated ☐ Attendant Operated ☐ DIY

Willow Springs Police Department
8255 Willow Springs Rd.
Willow Springs, IL 60480

Willow Springs Building Department
1 Village Circle
Willow Springs, IL 60480

Date: _____

Business Name: _____

Business Address: _____

Type of Business: _____

Business Insurance Name: _____

Insurance Address: _____

Insurance Phone: _____

Building Owner: _____

Owner Address: _____ Phone: _____

Hours of operation:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Does your business/location have any of the following?

☐ Cleaning Service ☐ Knox Box ☐ Sprinkler System Alarms: ☐ Fire ☐ Burglar ☐ Panic

How are the alarms Transmitted?: ☐ Direct Telephone ☐ Private Security by Telephone

☐ Direct to alarm board ☐ Outside Ringer Only

Will your business use/store hazardous materials on the property? ☐ YES ☐ NO

If yes, please list the nature of the materials and method of storage: _____

Will you be doing ANY of the following?: ☐ Remodeling ☐ Electrical Work ☐ Plumbing Work

If you are doing ANY work at all, please contact the Building Department to find out if you need a permit for any of the work. Any work done without a permit may result in fines and penalties.

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

If ANY of the information listed on this page changes, you must notify Village Hall immediately.

VILLAGE OF WILLOW SPRINGS BUSINESS LICENSE APPLICATION SUPPLEMENTAL INFORMATION

Zoning Compliant: ☐ YES ☐ NO
State License Provided: ☐ YES ☐ NO ☐ N/A
Sign – Code Compliant: ☐ YES ☐ NO ☐ N/A

FEES:

Business License: \$ _____ Sign Fees: \$ _____

Vending License: \$ _____ Tank Fees: \$ _____

Video Gaming License: \$ _____ Pump Fees (3 or more): \$ _____

Other Fees: \$ _____

TOTAL FEES: \$ _____

Approved By:

Building Commissioner

Date

Fire Inspector

Date

Village Administrator

Date

License Committee Chairman

Date