



**VILLAGE OF MOUNT PROSPECT**  
**50 SOUTH EMERSON STREET**  
**MOUNT PROSPECT, IL 60056**  
**(847) 392-6000**

**BUSINESS LICENSE APPLICATION**

INSTRUCTIONS:  
 Please Type or Print clearly and  
 complete both sides of application

Business Legal Name \_\_\_\_\_  
 Doing Business As (*Common Name*) \_\_\_\_\_  
 Business Address (*PO Box Not Acceptable*) \_\_\_\_\_ (apt/ste) \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
 Business Email \_\_\_\_\_  
 Billing Address (*If Different Than Above*) \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Type of Business (*check one*):  Food Service  Service  Retail/Wholesale/Warehouse  Manufacturing/Industrial  Vending  
 State Licensed Professional  Health Club  Massage  Tanning  Kiosk  Promotional Event  Auctioneer  
 Other \_\_\_\_\_

Detailed Description of Business Use or Service Provided: **(THIS SECTION MUST BE FILLED OUT):**

\_\_\_\_\_

\_\_\_\_\_

State Sales Tax (IBT) Number \_\_\_\_\_ **(Must attach copy of State Issued Illinois Business Authorization document)**

Federal Employer Identification Number (FEIN) \_\_\_\_\_

Gross Floor Area of Establishment \_\_\_\_\_ (Square Feet)      Number of Parking Spaces \_\_\_\_\_

Is more than 10% of the gross floor area listed above devoted to the sale and/or storage of food and/or beverages?     Yes     No

If this is a new business, what is the expected date of occupancy? \_\_\_\_\_

If this is a transient/itinerant business, what are the expected dates of occupancy? \_\_\_\_\_

If known, please indicate prior occupant/type of business in this location: \_\_\_\_\_

How many employees will be at this location? \_\_\_\_\_ How many vehicles are registered to the business? \_\_\_\_\_

**OWNERSHIP TYPE AND CONTACT INFORMATION** (*Physical Address must be used, a Post Office Box is not acceptable*)

- If Sole Proprietorship, list information for the sole owner/operator.
- If Partnership, list information for all Managing Partners. (Use another sheet of paper if needed.)
- If Corporation, list information for the President and Chief Financial Officer:

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Residence Phone \_\_\_\_\_ Email \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Residence Phone \_\_\_\_\_ Email \_\_\_\_\_

**FOR VILLAGE USE:**

\_\_\_\_\_ New Business  
 \_\_\_\_\_ Existing – New Location  
 \_\_\_\_\_ Existing – New Owner  
 \_\_\_\_\_ Existing – No License

High Hazard     Yes     No  
 Bldg Permit     Yes     No  
 Building Permit # \_\_\_\_\_

| Rtd to                   | Dept   | App                      | Den                      |
|--------------------------|--------|--------------------------|--------------------------|
| <input type="checkbox"/> | Plan   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Bldg   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | EnvH   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Fire   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Police | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Needs Inspect</b>     |        | <b>Dept</b>              |                          |
| <input type="checkbox"/> |        | <input type="checkbox"/> | EnvH                     |
| <input type="checkbox"/> |        | <input type="checkbox"/> | Fire                     |

List three (3) **LOCAL**/Emergency contacts, who have access to the building and are available for inspections (List in order of contact):

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Residence Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate/Mobile Phone \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Residence Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate/Mobile Phone \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Residence Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate/Mobile Phone \_\_\_\_\_

1. Are tobacco products sold over the counter at your establishment?  Yes  No

2. Does your business buy, trade or exchange gold and/or silver from (with) the general public?  Yes  No

3. Do you use tow trucks in the operation of your business?  Yes  No

If YES, how many? \_\_\_\_\_ Tow Trucks (**please provide proof of liability insurance**).

4. Does your business sell/serve prepared food and/or beverages to the general public? If YES, be sure to obtain the food/beverage packet.  Yes  No

5. Does your business use vehicles to sell food and/or beverages directly to the general public?  Yes  No

If YES, how many? \_\_\_\_\_ Food Service Vehicles (**please provide proof of liability insurance**).

6. Will any hazardous materials be stored on premises?  Yes  No

If YES, please describe materials \_\_\_\_\_

7. Will any coin-in-slot devices or vending machines (electronic game, juke box, candy, food, soda, laundry, etc.) be located on your premises? If YES, Please complete the vending machine addendum.  Yes  No

8. Does your business have a security alarm system?  Yes  No

**RESTAURANTS ONLY:**

11. How many seats does your restaurant have? \_\_\_\_\_

12. Have you applied for a liquor license? (Village Manager's Office)  Yes  No

**Note: if license has not been issued or picked up within six (6) months of the application date, this application will be considered void and a new application will have to be submitted.**

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ADDENDUMS (IF APPLICABLE) HAS BEEN FURNISHED BY ME AND TO THE BEST OF MY KNOWLEDGE IS CORRECT. I UNDERSTAND THAT ANY UNTRUE, INCONSISTENT OR MISLEADING INFORMATION SHALL BE CAUSE FOR THE REFUSAL TO GRANT OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION. I FURTHER CERTIFY THAT BY APPLYING IN WRITING FOR A LICENSE TO OPERATE IN THE VILLAGE OF MOUNT PROSPECT I HAVE READ AND UNDERSTAND MY OBLIGATIONS UNDER APPROPRIATE VILLAGE ORDINANCES RESPECTIVE TO THE LICENSE (S) FOR WHICH I AM APPLYING. I FURTHER CERTIFY THAT IF ANY OF THE FOREGORING INFORMATION CHANGES DURING THE COURSE OF THE LICENSE YEAR I WILL NOTIFY THE VILLAGE, IN WRITING, WITHIN SEVEN (7) DAYS OF SUCH CHANGE.

Date \_\_\_\_\_

Signature/Title \_\_\_\_\_

|                            |                   |
|----------------------------|-------------------|
| <b>FOR OFFICE USE ONLY</b> |                   |
| Fee _____                  | Date Paid _____   |
| License No. _____          | Date Issued _____ |